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INFLUENZA IN SOUTH AFRICA.

Over 40 per cent of its population affected with influenza in the four months during which the epidemic raged is the record reported by the Union of South Africa in an official Blue Book just received by the United States Public Health Service.

For the 6,115,212 population this means 2,616,805 cases of influenza, and of these, 139,471 were fatal—a case mortality rate of 5.32 per cent. This is certainly a severe visitation. The case mortality rate among the European stocks was less than half that among the non-Europeans, the respective rates being 2.57 and 5.90 per cent.

In South Africa persons in the third and fourth decades of life were particularly susceptible to attack by the disease, and the death rate was also greater in these age groups. A large number of instances were also noted where the disease resulted in miscarriages. Moreover, there was a high mortality among pregnant women.

The highest death rate from the disease was in the Cape Province, where out of every thousand of population there were 33.5 deaths from influenza and its complications. The rates for Orange Free State, Transvaal, and Natal were very much lower, being 18.21, 16.24, and 11.47, respectively.

HEALTH INSURANCE, THE MEDICAL PROFESSION, AND THE PUBLIC HEALTH.

INCLUDING THE RESULTS OF A STUDY OF SICKNESS EXPECTANCY.¹

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The interest manifested by the medical profession and by health officials in the proposals for governmental health insurance in this country is as commendable as it is necessary. Any measure that may effect the quality and extent of medical service or that possesses possibilities in the prevention of disease is, it will be generally conceded, a proper subject of personal and professional concern to the physician, and a matter of vital consequence to public health administration. Health insurance—at least in some of the forms in which it has been suggested—without doubt is such a measure. In fundamental ways it proposes to modify some of the existing conditions of the practice of medicine. In a quite definite manner it promises

¹ Read at the annual meeting of the Medical and Chirurgical Faculty of Maryland at Baltimore, April 25, 1917.

to involve the social efficiency of all who are engaged in the work of conserving the health of individuals and of communities.

The physician and the health official, furthermore, perform a distinct service if they judge the various plans for health insurance by the criterion which these considerations suggest. It is proper, it is necessary, that certain questions be asked the proponents of any proposed form of governmental health insurance:

What effect will it have upon the professional work of the practicing physician and upon the quality of medical service?

In what ways does it afford the promise of more effective and extensive activities in disease prevention on the part of existing public health agencies?

Will the physician be enabled to do his work more efficiently, or will he have even greater handicaps than he already has?

Will public health administration be helped or hindered?

SICKNESS INSURANCE.

For purposes of clearness it may be well first to state in a few words what health insurance, or, as it was formerly termed, "sickness insurance," means. Sickness insurance is a method by which the economic loss caused by sickness is distributed among a group of persons. The distribution is effected by the payment of periodic premiums on the part of members of the group. In this way the cost of sickness arising from the stoppage of income, from fees of doctors, nurses, and hospitals, from expenditures for medicines, and the like, does not come as a sudden financial burden to the insured individual. This kind of insurance is now provided in the United States by many commercial companies and by thousands of fraternal orders and benefit associations of a wide variety of types, and is taken advantage of by a large proportion of those who are thrifty enough and financially able to pay the premiums. In the principal European countries sickness insurance of wage earners has been made a governmental function, but with certain fundamental differences from that form of sickness insurance which exists in this country. Among these differences are its extension to all wage earners upon a compulsory basis, the addition of medical and hospital service and certain other benefits to the cash payments to the sick, and the distribution of the cost of insurance not only among the insured, but also among the two other groups—employers and the public—who are considered responsible, in some degree, for the conditions which affect the health of the insured.

HEALTH INSURANCE.

The proposals for governmental "health insurance" in the United States not only adopt the principles just mentioned, but include additional features. Among these are an adequate medical service for the

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insured, and definite provisions for rendering the health-insurance system an aid to disease prevention. It has been proposed that the preventive force of governmental health insurance should not be limited to the financial relief during sickness, to the medical service afforded, and to the possible economic incentive to reduce sickness, but that it should be greatly increased by linking the health-insurance system to the existing public health agencies. In this sense, "sickness insurance," it is believed, would become a real health measure. It would not be merely a variety of commercial or mutual insurance or another type of public relief, but a practicable method of improving and extending the present facilities for the prevention of disease.

From the viewpoint of the physician and of the public health official, the principal points which suggest themselves for the consideration of "health insurance" are as follows:

1. The sickness expectancy, i. e., the amount of sickness for which medical and surgical service must be provided.
2. Methods of providing adequate medical and surgical relief.
3. Methods of adequate prevention of sickness.

1. Sickness Expectancy.

Although in the absence of accurate statistics of morbidity in the United States it is impossible to arrive at accurate estimates of the amount of sickness occurring among wage earners, nevertheless considerable information concerning sickness expectancy may be obtained by a study of the experience of establishment sick benefit funds. Several estimates have been ventured, some of which have been based on extremely scanty material and some on more reliable data from surveys of actual sickness in industrial communities and from records of disability among employees of establishments. The wide difference in these estimates, from 6 to 9 days of sickness a year per wage earner, has served to call attention to the urgent need for accurate statistics.¹

(a) *Investigations concerning sickness expectancy.*—In the last two years the results of several "sickness surveys" or censuses have been published and have added materially to the very scanty American morbidity experience previously existing.

By the survey or census method the number of persons found sick on a given day in an enumerated population and recorded, affords the basis for computing the sick rate per 1,000 of the censused population as a whole or in sex, age, and other groups. In 1915-1917,

¹ The American Association for Labor Legislation in 1911 estimated that the American wage earner loses on an average 8.5 days per year on account of sickness. The Federal Commission on Industrial Relations, in its staff report estimated from such records as were then available that the average loss of time from disabling sickness and nonindustrial accidents was about 9 days per year per wage earner. The Social Insurance Commission of California in 1917 from a study of the records of American Benefit Association that were collected by the Federal Bureau of Labor a number of years previous and of such data as were available from similar records in California, estimated that the average loss of time per year per person was 6.5 days.

579,197 persons were censused in various localities by agents of the Metropolitan Life Insurance Co.; two censuses were made of certain districts in New York City by the department of health of that city; a survey was made of Dutchess County, N. Y., by the State charities aid association; and several surveys have been made in a number of textile villages in South Carolina by the United States Public Health Service. Without attempting to present and discuss in detail the variations in rates among persons of different sex, ages, occupations, localities, income, or other conditions, reference may be made to indicate morbidity rates and annual days of sickness per person among populations 15 years of age and over.

In the following table the experience from the above-mentioned sickness censuses is summarized. The results of the Dutchess County survey are not in a form that is comparable with the results of other surveys, and are omitted from the table.

TABLE 1.—*Cases of disabling sickness and rate per 1,000 of various populations 15 years of age and over, and indicated average annual number of days of disabling sickness per person.*

Source of data.	Popula-tion cen-sused.	Cases of sickness.		Indicated number of days of sick-ness per person per year of—	
		Number.	Rate per 1,000.	300 days.	365 days.
Records of sick leave of Government clerks in Washington, 1914 ¹ .	16,000	256	16.0	4.8	5.8
Sickness surveys in various localities by the Metropolitan Life Insurance Co., 1915-1917 ² .	376,573	8,636	22.9	6.9	8.4
New York City Health Department "illness census" of health district No. 1, 1916 ³ .	20,169	552	27.4	8.2	10.0
U. S. Public Health Service sickness census of 7 textile villages in South Carolina, 1916 ⁴ .	2,367	114	48.2	14.5	17.6

¹ Warren, B. S., and Sydenstrucker, Edgar: Statistics of Disability—A compilation of some of the data available in the United States Public Health Reports, Apr. 21, 1916.

² See appendix B: Combined Sickness Experience of the Company's Surveys, 1915 to 1917, of the Metropolitan Life Insurance Co.'s publication, "Sickness Survey of Principal Cities in Pennsylvania, and West Virginia," by Lee K. Frankel, Ph. D., third vice president, and Louis I. Dublin, Ph. D., statistician. The "combined sickness experience" referred to included the results of sickness surveys made in localities in Pennsylvania, West Virginia, and North Carolina, Kansas City (Mo.), Boston, Rochester, Trenton, and Chelsea (New York City).

³ Wynne, Shirley Wilmott: Second Illness Census in the Experimental Health District. Monthly Bulletin of the Department of Health of the city of New York, November, 1916.

⁴ Sydenstricker, Edgar, Wheeler, G. A., and Goldberger, Joseph: Disabling Sickness Among the Population of Seven Cotton Mill Villages of South Carolina, in Relation to Income. Public Health Reports, Nov. 22, 1918.

With reference to the rates in Table 1 it should be noted that the rate for Government clerks is probably for a preferred occupation. The rate approximates quite closely that for office employees afforded in the experience of the Leipzig local sickness fund during 1887-1905.¹

The extremely high rate among the population of South Carolina textile villages, on the other hand, is probably due to a relatively low economic status.²

¹ See Twenty-fourth Annual Report of the United States Commissioner of Labor, vol. 1, pp. 1281-1341.

² For a discussion of the sickness rate among persons of different family income in the population censused see Public Health Reports for Nov. 22, 1918. *Sup. cit.*

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(b) *The authors' investigation concerning sickness expectancy.*—In the investigation here described, data were collected from over 400 sick-benefit associations, covering, in the majority of instances, an experience of three years, have been collected. These data consist of records of disability due to sickness and nonindustrial accidents for which cash benefits have been paid under the various regulations of the associations, and afford this kind of sickness experience among over three-quarters of a million wage earners engaged in many different industries and occupations. The collection and tabulation of the information have not been completed, but it is possible, for purposes of illustration, to present some preliminary figures for groups of wage earners who are members of one or two types of sick-benefit funds. It should be kept in mind that any conclusions suggested by these statistics ought to be regarded as tentative for the reason that more complete data covering a larger sickness experience are yet to be compiled.

More trustworthy information, it is believed, will be afforded when certain inquiries now under way are completed and when the systematic reporting of morbidity among wage earners is begun. An effort is now being made by the United States Public Health Service to collect such statistics of disability as are at present available in the experience among employees of industrial establishments.

For presentation here the disability records of those sick-benefit associations which pay no benefits for the first three days of sickness, or for illnesses of less than four days' duration, have been selected because a similar provision has been included in the health insurance bills that have been introduced in various State legislatures. Data for 22 of these associations have so far been collected. They include approximately 150,000 members,¹ for the great majority of whom a three years' (1914, 1915, and 1916) experience is available, which makes possible a consideration of 463,714 years of exposure of membership.² The regulations of the associations, however, are not uniform with respect to the maximum length of the period for which benefits can be paid; for this reason the statistics are presented accord-

¹ It may be noted that the members of the 20 associations were nearly all males, the females constituting a negligible proportion, and, so far as could be ascertained, were adults of the usual wage-earning age period. They were employed in a variety of industrial plants and in various occupations; their sickness experience, however, is not large enough to permit of accurate indications of the influence of occupation. Since industrial accidents are not included, and since the members are fairly well distributed among different occupations in the groups presented in the table which follows, the occupational factor may be disregarded for the purposes of this illustration. To a considerable extent the members are a selected group; some of the associations require applicants for membership to pass a physical examination and to be under 45 years of age, and nearly all had provisions which operated to exclude casual laborers from their membership. The possible influence of administrative methods and practices upon the sick rate is more difficult to determine; the possible effect of the amount of the cash benefit, however, may be disregarded for purposes of approximation, since, for the most part, the cash benefits provided ranged between one-third and one-half of the wages.

² Years of exposure of membership were ascertained from the records of the associations by securing the average memberships for each month in each year and computing the average yearly membership by dividing the total of the monthly membership by 12.

ing to groups of associations having the same or nearly the same maximum benefit period. The statistics follow:

TABLE 2.—*Sickness and nonindustrial accident statistics of 22 establishment sick-benefit funds having a three days' waiting period, for 1914, 1915, and 1916: Classified according to length of benefit period.*

Maximum period for which benefits can be paid (weeks).	Number of funds.	Years of exposure of membership. ¹	Cases of sickness.		Days of sickness.		
			Total number.	Rate per 1,000 per year.	Total number.	Per case.	Per member per year.
16 and under.....	13	18,335	6,130	334	81,382	13.3	4.4
23 to 26.....	4	4,688	1,840	392	28,100	15.3	6.0
52 and over.....	6	440,691	213,312	484	3,898,576	18.3	8.8
Total.....	23	463,714	221,282	477	4,008,058	18.1	8.6

¹ By "years of exposure of membership" is meant the number of members for whom a 1 year's sickness and nonindustrial accident record was obtained. The approximate number of persons who were members of the funds can be obtained by dividing the years of exposure of membership by 3.

It will be noted that, as may be expected, the waiting period being the same for all associations considered, the average days of compensated sickness per case tends to increase according to the maximum length of the benefit period, and determines the trend of the average days of sickness per member. The importance of the length of the benefit period in determining the amount of sickness for which benefits are to be paid under a system of health insurance is thus suggested. The sickness experience covered in the foregoing statistics is too small to afford definite indications of the experience under any given benefit period except, probably, for those associations having benefit periods of 52 weeks or more. For those six associations, with 440,691 years of exposure, we have a rate of 8.8 days of sickness per year per member.

The sickness expectancy for associations having a maximum benefit period of 26 weeks is, however, of especial interest because some of the health insurance bills introduced in State legislatures contain a similar provision. Unfortunately, until the data obtained are more completely tabulated and adjustments made for varying waiting and benefit periods, our statistics are rather meager. The rate of 6 days of sickness per member per year and of 392 cases of sickness per 1,000 members per year for the group of associations having benefit periods of 23 to 26 weeks appears to be conservatively low,¹ especially when it is compared with the indicated experience obtained in several recent "sickness censuses" in the United States, to which reference has been made, and with the experience of the German

¹ If the average annual case rate of 477 per 1,000 for the entire group of 22 associations included in the foregoing table be used as possibly a more accurate base, the days of sickness per member per year for the 4 associations with a benefit period of 23 to 26 weeks would be 7.3.

sickness insurance system during the five years prior to the war. With similar waiting and benefit periods, the German experience for the years 1909-1913 showed an average of 8.4 days of compensated sickness per member per year. This was a considerable increase over the rate in 1900 and in years prior, which was about 6 or 7 days.¹

Year.	Average yearly number of members.	Cases of sickness and confinement.	Days of sickness and confinement.	Average number of days of sickness—		Average number sick during the year per 1,000 members.
				Per sick member.	Per insured member.	
1885.....	4,290,000	1,804,829	25,301,178	14.1	5.89	420
1890.....	6,579,539	2,422,350	39,176,689	16.2	5.95	368
1895.....	7,525,524	2,703,632	46,470,023	17.2	6.17	359
1900.....	9,520,763	3,679,285	64,916,827	17.6	6.82	386
1905.....	11,184,476	4,451,448	88,082,296	19.8	7.87	398
1906.....	11,089,388	4,423,756	87,444,605	19.8	7.48	378
1907.....	12,138,966	4,956,388	97,148,780	19.6	8.00	408
1908.....	12,324,094	5,206,148	103,894,299	20.0	8.43	422
1909.....	12,519,785	5,045,793	103,368,412	20.5	8.25	403
1910.....	13,069,375	5,197,080	104,708,104	20.1	8.01	398
1911.....	13,619,048	5,772,388	115,128,905	19.9	8.45	424
1912.....	13,217,705	5,633,956	112,249,064	19.9	8.49	426
1913.....	13,566,473	5,710,251	117,436,644	20.6	8.65	421

While the increase was in some measure undoubtedly due to changes in the provisions of the sickness insurance law, it can be interpreted at least partly as an indication of improvements in the medical care of the sick, of the placing of a greater emphasis upon "medical inadvisability to work" rather than on actual "inability to work" as a principle in determining the return of disabled workers to employment, and of a clearer realization of insured persons as to their rights under the insurance system. It would therefore appear that all of the increase can not be attributed to malingering. Without venturing to assume that conditions affecting the health of German wage earners before the war were comparable in all respects with conditions in this country or that the German sickness rate is any guide to the sickness expectancy here, it seems reasonable to have under consideration the probability that the expectancy of sickness which is to receive cash benefits under State or other health insurance laws in the United States will be larger than that indicated by the experience of existing sick-benefit funds, especially if an adequate medical service is afforded.

Probably a conservative estimate of the total amount of sickness which will require medical service under the proposed health-insurance measures would be something between 8 and 9 days per insured person. This includes, of course, the first 3 days of sickness and sicknesses lasting less than 4 days for which medical service must be

¹ The following table presents the German sickness insurance experience for the years 1885, 1890, 1895, 1900, and 1905-1913 (compiled for the years indicated from Statistik des Deutschen Reichs: Die Krankenversicherung):

provided. With a sickness expectancy of 9 days per insured person per year, the physician with 1,000 insured persons on his list might expect to have 20 to 40 of these constantly sick. That would mean making some 20 to 40 professional visits a day, though a certain proportion will be office visits. This estimate applies only to insured persons; if the families are to be included in the medical benefits and if the average family consists of wage earner, wife, and child, the amount of medical work would be increased at least 200 per cent, for it may be safely estimated that the sickness expectancy in the family is at least twice as great as for insured persons.

Methods of Providing Adequate Medical and Surgical Relief.

The question of adequate medical relief has become a serious economic problem. The advances made in medical science, the new discoveries, the refinements in technique of diagnosis and treatment, have added to the seriousness of the problem, until now it is often stated that only the rich and some of the very poor are able to obtain the latest and most up-to-date medical and surgical treatment.

For the general practitioner the question of rendering his best service is becoming more onerous. The examination which he is now equipped for carrying out requires so much time and patience that it becomes a question of increasing his charges to where the cost is prohibitive for the man of ordinary income, or doing his increased service at the old rate of pay and finding that he is not able to earn a decent living for his family.

The physician, when he faces this situation, must decide to confine his practice to the well-to-do, to drop back into the old method of a hurried and inadequate service for a large clientele, or to render his best service to all and content himself in his poverty with the knowledge that his life is worth while.

In another sense an important underlying cause of the present medical and surgical service inadequacy is an economic one. The income of the physician is dependent upon the misfortune of his friends. When his friends are not sick the doctor's income stops. In other words, when his friends are without income they have the further burden of a doctor's bill. This is, to say the least, economically unsound. If the practice of medicine is to be on a sound economic basis the cost of sickness should be met during the period of employment, when there is an income. The problem, then, is to furnish an adequate medical and surgical service to the wage earner, the cost to be met during the period of employment. To guarantee that it be within the reach of all employed persons, provision must be made for the continuance of a substantial part of the income during sickness, else many will not be able to stop work even when sick.

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Under present practices of the medical profession there is a premium placed on sickness. That is to say, the patient who is sick often, or for long periods, is worth much more to his doctor than the patient who is seldom sick. This should be reversed; the premium should, in so far as practicable, be placed on health. With a premium on health payable to the doctor, it goes without saying that it would be an added incentive to him to keep his patients well, and to cure them as quickly as possible when sick. The question, then, is as to the practicability of working out some plan by which all of the good features in present practice may be retained and at the same time add an economic incentive as a further inducement for the doctor to keep his patient well.

If health insurance is to come, and changes in methods of medical practice are to be made, certainly the opportunity is an extraordinary one for placing these practices on an economically sound basis, and for making "sickness" insurance actually a "health" insurance.

It should be thoroughly understood that adequate medical and surgical relief is not possible without adequate pay. Any plan which proposes to reduce the average net income of the physician will surely fail to provide adequate relief. If, as is often stated, a large proportion of the people are not receiving adequate medical treatment, the readjustments made necessary in order to provide proper treatment for all insured persons would very probably mean an increase in the average net income of the physicians. Surely no plan should be countenanced which will make matters worse.

In this connection it is well for physicians to consider the experience of foreign countries under sickness insurance, and the experience of this country under workmen's compensation laws. In Germany, the plan of administration of medical benefits which led to the "doctors' strike," would hardly offer inducements to us to copy the German plan. In Great Britain, the plan has been the subject of much criticism, mainly because of the incentive to malingering, and delays in payments, and methods of payments to the physicians.

After the British law had been in operation for something more than a year, Mr. Lloyd George made the statement that there had been an average increase in the annual income of the physicians of \$750 occasioned by the act, and that 22,000 of the 25,000 physicians in England had registered on the panels. The experience in this country under workmen's compensation laws is too well known to need discussion here. That this experience has not been satisfactory is mainly the fault of the physicians themselves. They sat quietly by while the laws were being enacted and made little effort to have the proper provisions incorporated into these acts. The question naturally arises, Shall the physicians spend their time and money fighting these proposed measures, or shall they direct all their efforts

toward working out satisfactory plans, and insist on their inclusion in all the bills proposed in any State legislature?

Turning now to the discussion of the plans for providing medical and surgical treatment, and the methods of payment, the following have been proposed:

1. The establishment of a panel upon which any licensed practitioner so desiring may register. From this panel insured persons are allowed to select their physician, subject to the right of the physician to refuse under certain regulations.

Payments to be made on a capitation or fee basis, or a combination of both.

2. Contract physicians employed on an annual salary basis, or a capitation basis, from which number the insured persons are allowed to select.

3. District physicians, paid on part-time basis.

4. Combinations of numbers 1, 2, and 3.

The success or failure of any of these plans will, of course, depend largely upon their administration. Two plans for the organization of the administration have been proposed; one, with an administrative board composed entirely of employers and employees, with an advisory medical committee; the other, with an administrative board composed of a chairman, employer, and employee directors, together with a medical director and a health director, with an advisory medical committee. It would appear obvious that in the administration of medical and health matters, medical and health men should have an active part in the management instead of only an advisory authority. The State should have representation through the selection of the chairman and the health director, and physicians should insist on having proper representation on the local and district boards which are to administer the medical benefits, and not be satisfied with an advisory position.

As to the plans for providing medical benefits, it seems to be conceded that free choice of physicians must be provided wherever practicable. Whether this will always provide the best medical service is a question, but the demand of individual freedom in this matter is too strong to be limited, even though the individual may at times exercise this freedom of choice to his own detriment. Furthermore, the efficiency of a physician's treatment would be seriously affected when attending a patient who did not prefer his services. Much may be said in favor of freedom of choice. It would avoid a disturbance of the time-honored relation of the family physician to his patients. With the right to change doctors at will, physicians would still have operative all of the present incentive to please their patients.

It would be through the method of payment that an opportunity would be afforded to take the premium off of sickness and place it indirectly upon health. By fixing the payments on a capitation

basis, the physician would receive the same amount per patient per year, whether his patients were sick or well. This would indirectly result in making the healthy patient the most desirable to the physician. Under this system there might be some patients left over who had been refused by all of the physicians as undesirable on account of the frequency of their demands on the medical attendant's time. This, however, is liable to occur under any system of free choice. If the number of these left-over patients is small, they may be allotted pro rata. If the number is large, a salaried physician may be employed to attend them. Surely when the patients have the power to change physicians at will, the physician will have the same incentive as he now has to please and render his best service. Furthermore, he will realize that by doing everything possible to keep his patients in health his work will be reduced. On a visitation basis of payment the physician who had sickly patients would have the better income, so that there would be no indirect financial incentive to keep his patients well; on the contrary, the more visits he made, the greater his income. This plan of so much per visit would probably be too expensive for the insurance system, unless in making up the annual budget a fixed amount were allotted for the payment of medical benefits. Such an allotment of a definite amount per insured person would really be equivalent to capitation payment, as it would limit the payment to a fixed amount per capita. It would, however, have the defect of putting a premium on the sick patient.

In this discussion of plans for providing adequate medical and surgical relief, the remuneration of physicians must be presumed to be adequate, else the conditions are liable to be worse under health insurance than they are now. For this reason it might be provided in the organic act that the rate of remuneration must be adequate, and provisions made for a commission to fix the rates. Furthermore, if members of the families of insured persons are to be included in provisions for medical benefits, the rates should be fixed according to the number entitled to medical benefits and not according to the number of insured persons. Obviously, the physician who is to furnish medical treatment to an insured person with wife and child is entitled to three times more than he would be if he is only to furnish it to a single insured person with no dependents, for, as stated above, the sickness expectancy of women and children is very probably as great as that of men in the wage-earning age group.

Before leaving this question of medical benefits it should be stated that it is not just to oppose a proper health insurance bill on the ground that it means cheap contract practice, with all of its known evil. Contract practice can not be objectionable if the physician is paid enough so that he will not have to slight his work in order to make a living.

Contract practice is in successful operation in this country in many government services, and in many large business establishments. Furthermore, based on a capitation payment, where there is competition for patients, the contract practice is likely to prove satisfactory, provided always that there is no opportunity for cutting the rates of payments.

Methods of Adequate Prevention of Sickness—Plan for Making Sickness Insurance Actually Health Insurance.

The foregoing discussion has related to sickness insurance as a relief measure. If it is to be enacted on the grounds of a health measure and is really to be health insurance then ample provision should be made for the prevention of disease. It is not sufficient to create a financial incentive for the reduction of the sickness rate. Definite provision should be made for preventive machinery. Some of the existing State health departments are too inefficient to be depended upon. They should be strengthened, to meet the needs in this field. If millions of State funds are to be expended for health work, surely these funds should be spent to prevent disease, and not simply for relief.

With the appropriations for "health insurance" running into millions of dollars annually it goes without saying that legislative bodies will not materially increase the appropriations for their health departments. Owing to this fact there is a decided probability of sickness insurance acts endangering the very existence of State health departments by absorbing all of the funds available for health work. Our statesmen and lawmakers must therefore be careful that proper and ample provisions are made for health machinery in any sickness insurance act.

No provisions have been made in any of the insurance systems of foreign countries for coordinating them with the health agencies; though to a limited extent provisions are made by some for disease prevention and medical research. The English experience has been such that the ministry of health bill now pending provides for the transfer of the national insurance system to the health department.

We should profit by this experience and make ample provision for disease prevention through existing State health agencies. All proposals for health insurance in this country should therefore be carefully scrutinized and all sections providing for disease prevention amended so as to definitely place these functions under the jurisdiction of the health departments. Otherwise there will be duplication of work, confusion of administration and waste of funds. The weightiest of the arguments presented by the proponents of health insurance are based on the probable effect it will have in preventing disease. The question then would seem to be whether existing health

agencies shall be utilized or new agencies created. Surely some plan can be worked out whereby existing health agencies can be coordinated with health insurance systems and obviate the necessity of creating new machinery. Even if new machinery were created it would be unwise to create it to work independently, so that, after all, existing health agencies would need to be coordinated with the new system.

The general outlines of a plan for coordination were approved by the Annual Conference of State and Territorial Health Officers with the Public Health Service, May, 1916. This plan proposes to utilize the medical referees in carrying it into effect. It is proposed to have these appointed by the State, and commissioned to act as referees for the health insurance system and as health officers for the health department, under the jurisdiction of both agencies.

Following out this general outline, a scheme of organization has been suggested which, it is believed, would work out satisfactorily to both. It is pretty well conceded that medical referees will be required in every locality to see and keep in touch with each sick person in order to certify to his disability prior to the payment of cash benefits. Experience has shown that it is not right to impose the duty of signing the disability certificate upon the physician treating the case. Since the medical referee is considered necessary in the scheme of sickness insurance, and since his duties as referee will require him to pass upon claims in which three parties are interested, viz, the insurer, the insured, and the treating physician, it would appear but proper that he be employed by the State. The additional duties required of him as health officer would not interfere with his usefulness as referee; in fact, they would add to his efficiency and clothe him with the authority of the health department. Such authority would make of him one unit in the health machinery for the health insurance system.

The organization proposed would be about as follows:

1. Make the State commissioner of health an ex officio member of the State health insurance commission.
2. Detail a medical director from the State health department to assist the commission in supervising the administration of the medical benefits and to act as health advisor and director.
3. Detail district medical directors from the State health department to aid in the administration of the medical benefits in their respective districts.
4. Detail from the State health department a sufficient number of local medical officers to act as medical referees and to sign all disability certificates, and to perform such other duties as may be authorized by law or regulation.

To give some idea of the size of such a corps, it may be tentatively estimated that it would require one medical referee to every 4,000 insured persons. In a State with 1,000,000 wage earners, this

would mean 250 local medical officers giving their entire time to the study of the health of the insured persons. This, of course, would be in addition to the medical treatment furnished by the panel physicians.

The objection could not be offered that such a corps would be too expensive, for it must not be forgotten that all the measures now advocated provide for medical referees. The only additional expense incurred by this plan would be for the medical director and the district medical directors.

Even if the expense of the whole corps were an additional expense, the cost would not be prohibitive because the medical referees would more than save their salaries in the disallowances of unfair claims. Furthermore, while an estimate can not be made of the amount to be saved by the work of these health experts, it is safe to say it would be many times more than the sum of their salaries.

At first glance this plan has been considered by some to be impracticable because they thought it gave too much authority to the health departments. It, however, does not add to the authority of health departments, it only extends their field of usefulness.

The duties of the referee as related to the insurance system would be to see and keep in touch with the sick insured, to certify to their disability, to advise with the treating physician, to advise the insuring agency as to measures calculated to shorten disabilities, and to prevent disabilities among insured persons.

The duties of the referee as related to the health department would be almost identical with the above, with the additional duties of sending duplicates of morbidity and mortality reports to the department, and advising as to any assistance he may need for research into the causes of sickness in his jurisdiction.

For the proper performance of these two sets of duties he would be responsible to each department. But under the organization proposed, a referee would receive State appointment, subject to duty anywhere within the State, so that if for any reason his services were not locally satisfactory he might be shifted to another locality; in fact, there should be a limit to his tour of duty in any one locality to prevent him becoming too thoroughly identified with the local politics or other conditions which might give a bias to his decisions or actions.

The plan has been criticized owing to the fact that it does not place employment of the referee under the control of the local insuring agency, one of the parties interested in his decisions as referee. It would seem obvious that a referee should not be employed by one of the parties at interest. Further criticism has been made that the treating doctors would not submit to supervision by a representative of the State health department. It is hard to understand

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why they would object to the physician employed by the State but would have no objection to the same supervision by a physician employed by the local insuring agency.

In order to secure the best men for medical referees, it is proposed in the plan to require an examination, physical and mental, as to qualifications, and after a probationary period of satisfactory service to make the appointment permanent, subject to efficiency and good moral conduct. It is believed that the prestige of a State appointment, and the permanent tenure of office, will obtain better men at the same salary for these offices than employment by local insuring agencies on a contract basis, with the liability that the contract may not be renewed on its termination. Furthermore, organized into a State corps with central control and direction, with a strong esprit de corps, there would be developed a health machine protecting every home, consisting of men trained to see unhygienic conditions, with a vision for the total environment, and clothed with all the present powers of the health department to look into conditions that are liable to cause disease, and with such influence as the prestige of State appointment may give to their opinions and acts.

THE PLACE OF "EARLY TREATMENT" IN THE PROGRAM OF VENEREAL DISEASE CONTROL.

The place of "early treatment" in the program of venereal disease control throughout the United States has recently been under discussion by various physicians and organizations interested in the efforts now being made by the Public Health Service, in cooperation with State boards of health, toward limiting the further spread of the venereal infections.

The Public Health Service desires to make a matter of record, for the information of health officers, the exact part "early treatment" has in the general plan, and therefore invites attention to statements made in "Instructions to Medical Officers in Charge of State Control of Venereal Diseases," Miscellaneous Publication No. 19, reading as follows:

"Administration of early or prophylactic treatment: It is not designed to establish prophylactic or early treatment stations primarily as such, but all clinics should be prepared to intelligently administer this treatment to voluntary applicants who give a history of exposure within a few hours immediately preceding their application."

"Every extramarital intercourse is to be regarded as an exposure to venereal infection, and the so-called *prophylactic* treatment is really *early* treatment given without waiting for definite diagnosis."

"Such treatment is very efficacious in preventing the development of venereal infections if given within the first hour after exposure. Its value rapidly diminishes from then on, and when four hours have

elapsed since the exposure it is of very little usefulness. It should, however, with this understanding, be given up to at least 10 hours after exposure. * * * It should always be remembered that complete control of the patient is necessary in order to obtain satisfactory results from early or prophylactic treatment."

On March 24 a circular letter on this subject was issued by the bureau to all venereal-disease clinics and State venereal-disease control officers, reading as follows:

"Your attention is invited to paragraph 10 on page 11 of Miscellaneous Publication No. 19, relative to the administration of early or prophylactic treatment.

"In addition to requesting all persons giving a history of exposure to report at the clinics for reexamination during the period specified, a memorandum record should be made of those calling for treatment. Each person should also be furnished with the circular of information given to infected persons, that he may be fully informed as to the dangerous nature of the venereal diseases.

"Upon the completion of the period of observation, the office memorandum relative to the administration of early treatment should be destroyed, and the report at the end of the month should show the number of persons given early treatment. No permanent record should be kept of the names and addresses of those treated and observed, unless a venereal infection should develop, in which case, of course, they would be reported and treated as would be any other venereally-infected persons."

Persons requesting "early treatment" who develop venereal infections are reported by the clinic to the State health authorities in accordance with law, and are brought under control to prevent the spread of infection in the same manner as are other patients of the clinic.

The general plan for venereal-disease control is grouped under three headings:

1. *Medical measures.*—The establishment of clinics, securing hospital facilities for venereally infected persons; making available laboratory facilities for the scientific diagnosis of venereal diseases; securing wide distribution of arsphenamine or similar products; obtaining the support of the entire medical profession by reporting their cases to the State board of health in accordance with law; treating venereally infected persons in accordance with the best modern methods; and securing the cooperation of druggists in refusing to dispense venereal nostrums and directing prospective purchasers of such remedies to venereal-disease clinics or reputable physicians.

2. *Law-enforcement measures.*—Encouraging the closing of restricted districts; stimulating local authorities to carry on energetic campaigns for the suppression of clandestine prostitution in all its forms; cooperating with local authorities with a view of rehabilitating venereally infected persons; commitment to institutions of venereally

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infected feeble-minded persons; and creating in each community public sentiment for the enforcement of existing laws and ordinances tending to better civic conditions or for prompt enactment of needed legislation.

3. *Educational measures.*—The dissemination of information by leaflets, lectures, and other means for the purpose of warning everyone of the serious nature of the venereal diseases, informing them that the method of spread of these diseases is by personal contact with infected persons, and urging continence as the only safe procedure for avoiding infection.

These measures have already resulted in decreasing the number of exposures to venereal infections. Yet sex attraction is one of the fundamental instincts of the human race, and some persons will continue to expose themselves to the infection of these communicable diseases. The community is entitled to the protection given by prompt "early treatment" in preventing the development of these potential foci of venereal infections, while it is, in the meantime, strengthening the other medical and civic measures of prevention which the condition may require.

PUBLIC HEALTH SERVICE IN THE REPUBLIC OF CHILE.

On January 1, 1919, a law went into effect in the Republic of Chile, providing for the organization and administration of a general health service operating under the provisions of a sanitary code. The general health service is authorized by the Government to supervise and direct all branches of health activity and to have authority over the municipal health departments. The service is under the direction of a director general of health, who is required to be a graduate of medicine and surgery and to have had 10 years' medical practice. The office of director general of health is filled by presidential appointment from a list of eligibles presented by scientific bodies of the Republic, and the appointee is expected to devote his full time to the discharge of the duties of his office.

The law also provides for the establishment of a council of hygiene whose functions are purely consultative. Under the direction of the central health administration there is established an Institute of Hygiene, in charge of a director whose qualifications are the same as those of the director general. This institute consists of four departments, viz, hygiene and demography, chemistry and toxicology, bacteriology and microscopy, vaccination and serotherapy.

There is also established a system of regional sanitary service, conducted by sanitary inspectors of zones comprising the various provinces of the Republic. Each zone is under the administration

of a sanitary inspector, resident in a provincial capital, whose duties shall be to enforce all laws and ordinances of public health and to carry out the instructions of the director general. A sanitary inspector must be a graduate of medicine and surgery, and must have had at least three years of practice.

DEATHS DURING WEEK ENDED APRIL 5, 1919, IN CITIES.

The following table shows the registered deaths from all causes and from pneumonia (all forms) and influenza combined, in certain large cities of the United States during the week ended April 5, 1919. The annual death rates per 1,000 population for the week and for the corresponding week of previous years are also shown. Weekly figures fluctuate widely and caution must be used in their interpretation.

The data are taken from the "Weekly Health Index," April 8, 1919, issued by the Bureau of the Census, Department of Commerce. The populations used in computing the rates are estimated by the Bureau of the Census as of July 1, 1918.

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Registered deaths and annual death rates per 1,000 population in certain large cities of the United States, week ended April 5, 1919—Deaths from all causes and from pneumonia (all forms) and influenza combined.

City.	Population July 1, estimated.	Total deaths, all causes.	Annual death rate per 1,000.	Annual death rate for preceding years. ¹	Influenza and pneumonia (all forms).	
					Number of deaths.	Annual death rate per 1,000.
Albany, N. Y.	112,565	53	24.6	C. 21.3	19	8.8
Atlanta, Ga.	201,732	58	15.0	C. 15.8	28	2.2
Baltimore, Md.	* 669,981	211	16.4	A. 20.3		
Birmingham, Ala.	197,670	61	16.1	A. 18.0		
Boston, Mass.	785,245	240	15.9	A. 17.8	33	2.2
Buffalo, N. Y.	473,229	163	18.0	C. 19.4	28	3.1
Cambridge, Mass.	111,432	32	15.0	A. 16.5	5	2.3
Chicago, Ill.	2,596,681	790	15.9	A. 16.4	170	3.4
Cincinnati, Ohio	418,022	147	18.3	C. 24.8	40	5.0
Cleveland, Ohio	810,306	218	14.0	C. 13.6	71	4.6
Columbus, Ohio	225,296	83	19.2	C. 21.8	29	6.7
Dayton, Ohio	130,655	41	16.4	C. 25.9		
Denver, Colo.		78		A.	10	
Fall River, Mass.	128,392	25	10.2	C. 14.2	3	1.2
Grand Rapids, Mich.	135,450	35	13.5	C. 13.9		
Indianapolis, Ind.	289,577	109	19.6	C. 16.9		
Jersey City, N. J.	318,770	97	15.9	C. 21.6		
Kansas City, Mo.	313,785	107	17.8	C. 24.1	36	6.0
Los Angeles, Calif.	568,495	168	15.4	A. 12.8	19	1.7
Louisville, Ky.	242,707	71	15.3	C. 22.3	16	3.4
Lowell, Mass.	109,081	37	17.7	A. 17.7	6	2.9
Memphis, Tenn.	154,759	70	20.6	C. 20.9	12	4.0
Milwaukee, Wis.	453,481	135	15.5	A. 13.8	48	5.5
Minneapolis, Minn.	383,442	85	11.6	C. 21.2		
Nashville, Tenn.	119,215	49	21.4	C. 20.1	12	5.2
New Haven, Conn.	154,865	45	15.2	C. 17.8		
New Orleans, La.	382,273	131	17.9	A. 21.2		
New York, N. Y.	5,215,879	1,774	17.7	C. 21.6	480	4.8
Oakland, Calif.	214,206	40	9.7	A. 11.1		
Philadelphia, Pa.	1,761,371	582	17.2	* 18.8	98	2.9
Pittsburgh, Pa.	593,303	206	18.1	C. 24.3	75	6.6
Portland, Oreg.		58		C.	11	
Providence, R. I.	263,613	83	16.4	C. 21.8	14	2.8
Richmond, Va.	160,719	45	14.6	C. 19.5	7	2.3
Rochester, N. Y.	264,856	79	15.6	C. 16.1		
St. Louis, Mo.	779,951	201	13.4	C. 15.3	54	3.6
St. Paul, Minn.	257,699	69	14.0	C. 15.8		
San Francisco, Calif.	478,530	142	15.5	C. 15.5	27	2.9
Seattle, Wash.		67		A.	8	
Spokane, Wash.		29		C.	4	
Syracuse, N. Y.	161,404	52	16.8	C. 24.9	6	1.9
Toledo, Ohio	262,234	76	15.1	A. 16.2	36	7.2
Washington, D. C.	401,681	131	17.0	A. 18.6	17	2.2
Worcester, Mass.	173,650	52	15.6	C. 24.9		

¹ "A" indicates that the rate given is the average annual death rate per 1,000 population for the corresponding week of the years 1913 to 1917, inclusive. "C" indicates that the rate is the annual death rate per 1,000 population for the corresponding week of 1918.

* Population estimated as of July 1, 1919.

² Rate is based on statistics of 1915, 1916, and 1917.

PREVALENCE OF DISEASE.

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.

UNITED STATES.

EXTRA-CANTONMENT ZONES—CASES REPORTED WEEK ENDED APR. 12.

CAMP DEVENS ZONE, MASS.		GAS AND FLAME SCHOOL ZONE, GA. AND ALA.—OOB.	
	Cases.		Cases.
Measles:		Columbus—Continued:	
Lunenburg.....	6	Measles.....	7
Tuberculosis, pulmonary:		Mumps.....	2
Ayer.....	1	Pellagra.....	1
Whooping cough:		Pneumonia.....	3
Lancaster.....	1	Smallpox.....	4
		Syphilis.....	3
		Tuberculosis.....	2
		Whooping cough.....	15
		Girard:	
		Smallpox.....	1
CAMP DIX ZONE, N. J.		Muscogee County:	
Chicken pox:		Diphtheria.....	1
New Hanover Township.....	1	Measles.....	3
		Mumps.....	1
		Smallpox.....	3
		Tuberculosis.....	1
		Whooping cough.....	1
FAYETTEVILLE SANITARY DISTRICT, N. C.		CAMP GORDON ZONE, GA.	
Chanchroid.....	2	Atlanta:	
Diphtheria.....	1	Anthrax.....	2
Gonorrhea.....	5	Chicken pox.....	26
Measles.....	16	Diphtheria.....	1
Smallpox.....	7	Erysipelas.....	1
Syphilis.....	1	Gonorrhea.....	17
		Influenza.....	4
		Measles.....	7
		Mumps.....	8
		Pneumonia.....	2
		Scarlet fever.....	9
		Smallpox.....	60
		Syphilis.....	17
		Tuberculosis.....	6
CAMP FUNSTON ZONE, KANS.		GULFPORT HEALTH DISTRICT, MISS.	
Chicken pox:		Chicken pox:	
Junction City.....	2	Gulfport.....	1
Manhattan.....	3	Influenza.....	
Diphtheria:		Gulfport.....	10
Junction City.....	1	Pascagoula.....	3
Gonorrhea:			
Manhattan.....	6		
Influenza:			
Cleburne.....	3		
Irving.....	5		
Mumps:			
Junction City.....	8		
Manhattan.....	5		
Scarlet fever:			
Junction City.....	1		
Manhattan.....	6		
GAS AND FLAME SCHOOL ZONE, GA. AND ALA.			
Columbus:			
Cerebrospinal meningitis.....	1		
Diphtheria.....	1		
Dysentery.....	1		
Gonorrhea.....	2		

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GULFPORT HEALTH DISTRICT, MISS.—continued.

	Cases.
Malaria:	
Biloxi.....	1
Gulfport.....	7
Handsboro.....	1
Kiln.....	1
Logtown.....	1
Moss Point.....	2
Orange Grove.....	1
Pascagoula.....	1
Pass Christian.....	1
Mumps:	
Biloxi.....	8
Gulfport.....	6
Handsboro.....	3
Kreole.....	1
Lyman.....	2
Mississippi City.....	6
Pellagra:	
Beauvoir.....	1
Pneumonia:	
Biloxi.....	4
DeLisle.....	1
Gulfport.....	1
Kiln.....	1
Lyman.....	1
Pneumonia, broncho:	
Mississippi City.....	2
Standard.....	1
Tuberculosis:	
Gulfport.....	1
Tuberculosis, pulmonary:	
Moss Point.....	1
Whooping cough:	
Biloxi.....	1
DeLisle.....	7
Escatawpa.....	2
Ocean Springs.....	4

CAMP A. A. HUMPHREYS' ZONE, VA.

Alexandria:	
Influenza.....	1
Pneumonia.....	2
Smallpox.....	6
Tonsilitis.....	1
Typhoid fever.....	2
Fredericksburg:	
Influenza.....	1
Mumps.....	1
Whooping cough.....	1

CAMP JACKSON ZONE, S. C.

Columbia:	
Chicken pox.....	2
Mumps.....	4
Typhoid fever.....	1
Whooping cough.....	1
Government clinic:	
Chancroid.....	2
Gonorrhea.....	16
Syphilis.....	17

CAMP LEE ZONE, VA.

Ettricks:	
Tuberculosis.....	1
Petersburg:	
Measles.....	7
Scarlet fever.....	2

CAMP LEE ZONE, VA.—continued.

Petersburg—Continued:	Cases.
Syphilis.....	4
Tuberculosis.....	2
Typhoid fever.....	1
Prince George County:	
Whooping cough.....	1

CAMP LEWIS ZONE, WASH.

Influenza:	
Lake City.....	1
Measles:	
Lake City.....	1
Mumps:	
American Lake.....	4
Ingleside.....	1
Parkland.....	1
Spanaway.....	1
Pneumonia:	
Lake City.....	1

CAMP MERRITT ZONE, N. J.

Chicken pox:	
Englewood.....	12
Influenza:	
Edgewater.....	1
Englewood.....	2
Measles:	
Haworth.....	1
Mumps:	
Englewood.....	1
Pneumonia:	
Englewood.....	2
Scarlet fever:	
Closter.....	*
West Englewood.....	1
Syphilis:	
Englewood.....	1
Tuberculosis:	
Bergenfield.....	1
Whooping cough:	
Tenafly.....	1

MUSCLE SHOALS SANITARY DISTRICT, ALA.

Colbert County:	
Diphtheria.....	1
Florence, and Lauderdale County:	
Mumps.....	1
Diphtheria.....	1
Chicken pox.....	3
Mumps.....	1
Smallpox.....	3

Nitrate plant No. 2:	
Chancroid.....	6
Erysipelas.....	1
Gonorrhea.....	1
Influenza.....	3
Pneumonia.....	1
Syphilis.....	8
Typhoid fever.....	1

PICRIC ACID PLANT ZONE, GA.

Brunswick:	
Chancroid.....	1
Gonorrhea.....	21
Measles.....	8
Syphilis.....	13
Tuberculosis.....	1

CAMP PIKE ZONE, ARK.

	Cases.
Galloway:	
Tuberculosis.....	1
Little Rock:	
Chicken pox.....	10
Erysipelas.....	1
Gonorrhea.....	20
Influenza.....	1
Malaria.....	1
Measles.....	1
Mumps.....	7
Smallpox.....	1
Syphilis.....	11
Tonsilitis.....	1
Tuberculosis.....	3
North Little Rock:	
Erysipelas.....	1
Influenza.....	1
Malaria.....	1
Mumps.....	2
Scarlet fever.....	4
Varioloid.....	1
Scots:	
Gonorrhea.....	1
Influenza.....	3
Syphilis.....	2

CAMP POLK ZONE, N. C.

Chicken pox:	
Durham.....	2
Raleigh.....	3
Gonorrhea:	
Durham.....	9
Raleigh.....	3
Wake Forest Township.....	1
Woodsdale Township.....	2
Measles:	
Durham.....	8
Durham Township.....	2
Mumps:	
Durham.....	7
Raleigh.....	1
Pellagra:	
Durham Township.....	1
Smallpox:	
Durham.....	2
Durham Township.....	1
Raleigh Township.....	1
Syphilis:	
Durham.....	8
Durham Township.....	1
Raleigh.....	1
Tuberculosis:	
Durham Township.....	2
Whooping cough:	
Raleigh.....	1
White Oak Township.....	1

PORTSMOUTH AND NORFOLK COUNTY HEALTH DISTRICT, VA.

Chicken pox:	
Norfolk.....	2
Ocean View.....	1
Diphtheria:	
Norfolk.....	2
Influenza:	
Norfolk.....	6
Measles:	
Portsmouth.....	3

PORTSMOUTH AND NORFOLK COUNTY HEALTH DISTRICT, VA.—continued.

	Cases.
Pneumonia:	
Portsmouth.....	1
Scarlet fever:	
Portsmouth.....	1
Smallpox:	
Norfolk.....	4
Norfolk County.....	1
Tuberculosis:	
Portsmouth.....	1

CAMP SHERMAN ZONE, OHIO.

Chillicothe:	
Diphtheria.....	1
Scarlet fever.....	1
Trachoma.....	1
Tuberculosis, pulmonary.....	1
Mumps.....	3
Government clinic:	
Gonorrhea.....	9
Union Township:	
Scarlet fever.....	1

SOUTHER FIELD ZONE, GA.

Americus:	
Influenza.....	1
Rabies in animal.....	1

CAMP ZACHARY TAYLOR ZONE, KY. AND IND.

Cerebrospinal meningitis:	
Louisville.....	1
Chicken pox:	
Louisville.....	1
Diphtheria:	
Louisville.....	5
Jefferson County.....	2
Gonorrhea:	
Jefferson County.....	1
Government clinic.....	31
Jail clinic.....	19
Influenza:	
Louisville.....	9
Jefferson County.....	6
Measles:	
Louisville.....	9
Pneumonia:	
Louisville.....	1
Jefferson County.....	2
Scarlet fever:	
Louisville.....	19
Jefferson County.....	3
Jeffersonville.....	1
Syphilis:	
Government clinic.....	24
Jail clinic.....	8
Tuberculosis, pulmonary:	
Jefferson County.....	2
Louisville.....	3
Typhoid fever:	
Louisville.....	1

TIDEWATER HEALTH DISTRICT, VA.

Chancroid:	
Government clinic.....	3
Chicken pox:	
Phoebus.....	3
Diphtheria:	
Newport News.....	1

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TIDEWATER HEALTH DISTRICT, VA.—continued.

	Cases.
Diphtheria carrier:	
Newport News.....	1
Gonorrhea:	
Newport News.....	7
Government clinic.....	11
Measles:	
Newport News.....	1
Meningitis, tubercular:	
Riverview.....	1
Mumps:	
Newport News.....	1
Phoebus.....	1
Scarlet fever:	
Hampton.....	2
Smallpox:	
Newport News.....	2
Fox Hill.....	4
Syphilis:	
Government clinic.....	3
Tuberculosis:	
Newport News.....	3
Riverview.....	1
Garden City.....	1
Buckroe.....	1
Varioloid:	
Phoebus.....	1
Venereal, mixed:	
Government clinic.....	2
CAMP TRAVIS ZONE, TEX.	
San Antonio:	
Chancroid.....	4
Chicken pox.....	4

CAMP TRAVIS ZONE, TEX.—continued.

	Cases.
San Antonio—Continued.	
Diphtheria.....	1
Gonorrhea.....	14
Measles.....	5
Mumps.....	1
Pneumonia.....	1
Smallpox.....	3
Syphilis.....	7
Tuberculosis.....	5
Whooping cough.....	1

CAMP UPTON ZONE, N. Y.

Brook Haven:	
Mumps.....	3
Septic sore throat.....	3
Patchogue:	
Chicken pox.....	1
Diphtheria.....	5
Pneumonia.....	2
Riverhead:	
Chicken pox.....	4
Measles.....	3
Pneumonia.....	1

WILMINGTON SANITARY DISTRICT, N. C.

Wilmington:	
Diphtheria.....	1
Influenza.....	1
Malaria.....	1
Pneumonia.....	2
Tuberculosis.....	5
Tetanus.....	2
Typhoid fever.....	2

DISEASE CONDITIONS AMONG TROOPS IN THE UNITED STATES.

The following data are taken from telegraphic reports received in the office of the Surgeon General of the United States Army for the week ended April 4, 1919. Reports from the American Expeditionary Forces are delayed in transmission, and the "current week" for troops in the American Expeditionary Forces is not the same period as "current week" for troops in the United States.

	Current week.	Last week.
Annual admission rate per 1,000 (all causes).....	667.08	705.00
All troops in the United States.....	1,274.67	1,309.41
American Expeditionary Forces.....	467.31	501.54
Annual admission rate per 1,000 (disease only).....	585.38	612.58
All troops in the United States.....	1,077.26	1,086.26
American Expeditionary Forces.....	420.95	452.48
Noneffective rate per 1,000 on day of report.....	45.23	45.25
All troops in the United States ¹	61.78	70.50
American Expeditionary Forces.....	39.71	40.09
Annual death rate per 1,000 (all causes).....	7.20	8.91
All troops in the United States ¹	8.53	9.10
American Expeditionary Forces.....	6.76	8.84
Annual death rate per 1,000 (disease only).....	5.68	7.26
All troops in the United States ¹	7.56	7.98
American Expeditionary Forces.....	5.06	7.02

¹ Sick and death rates among troops in the United States will continue to be relatively high, as the numerical strength of troops in the United States continues to decline from week to week as a result of demobilization. Well men only are eligible for discharge, while the sick and otherwise disabled are retained in service for further treatment. The continued influx of sick and wounded (properly chargeable to commands overseas) is another factor tending to increase rates in the United States and to diminish correspondingly similar rates overseas.

Cases of special diseases reported during the week ended Apr. 4, 1919.

Camp.	Pneu-mo-nia.	Dys-en-ter-y.	Mala-ria.	Venereal diseases.		In-flu-enza.	Meas-les.	Men-ingi-tis.	Scar-let fever.	Annual ad-min-is-tration rate per 1,000 (disease only).	Non-effective rate per 1,000 on day of report.
				To-tal.	New infec-tions.						
Bowie.	2		1	31	11	3	2	1		3,754.70	165.75
Bragg.										229.83	8.83
Custer.	2			11	9		2		1	814.66	91.86
Devens.	3	1		14	6	1				1,444.27	92.65
Dix.	1			22	13	1	3			1,371.49	91.66
Dodge.	3			15	11				3	1,078.47	165.91
Eustis.										953.15	59.06
Fremont.										122.97	
Funston.				4					4	742.10	62.95
Gordon.	2			15		11				3,130.87	99.76
Grant.	4			13			4		5	1,614.56	70.87
Humphreys.				3	1					453.94	37.92
Jackson.	5			22			5	1		1,707.74	59.59
J. E. Johnston.				1	1					275.86	53.05
Kearny.				5	2					1,691.17	133.48
Henry Knox.				6						162.22	8.34
Las Casas.										690.82	44.68
Lee.			3	12	6				2	1,290.40	63.54
Lewis.	3		1	13	1			1	2	1,059.66	109.06
Meade ¹ .				26	4				3	1,354.01	76.73
Pike.	3			37		2	1	1		1,765.54	123.23
Shelby.	1			12	6	1				3,117.98	105.27
Sherman.	1			18		4			2	2,351.11	122.64
Taylor.	4			12	7	9			4	713.27	131.85
Travis.	3		1	52	7			7		1,444.22	94.94
Upton.	3		1	39	5	4		1	2	1,101.48	42.83
Wheeler.										91.54	1.76
Northeastern Department.				4	2	1				663.50	26.11
Eastern Department.				20	5	4			2	654.85	21.45
Southeastern Department.			2	39	6					1,208.58	31.70
Central Department.				1						695.42	27.31
Southern Department.	13			50		38		1	1	873.32	53.85
Western Department.	3		1	14	10	22	1		3	543.97	18.17
Aviation camps.	2	2	1	23		5				820.78	40.27
Port of embarkation:											
Hoboken.	14	1		25	6	43	3	1	7	1,279.61	63.11
Newport News.	15			31	5	13	5		5	1,850.88	133.82
Alcatraz Disciplinary Barracks.				2	1					1,260.60	30.30
Leavenworth Disciplinary Barracks.	2		1							873.51	44.71
Columbus Barracks.										650.00	52.50
Jefferson Barracks.	1			2	1	1				2,342.92	131.41
Fort Logan.										416.00	36.80
Fort McDowell.										1,108.06	38.05
Fort Monroe.				3				1		4,927.42	243.95
Fort Sill.				6	6	2				255.77	38.20
Fort Stoeum.				1	1					686.79	30.18
Fort Thomas.				2	2					779.29	43.59
West Point.				1						841.04	22.30
Arsenals.			1	8					3	603.58	33.76
Miscellaneous small stations.				15						531.73	27.64
Total.....	90	4	13	630	135	170	29	7	49	1,077.26	61.78

¹ One case of paratyphoid fever reported from Camp Meade.

April 18, 1919.

Number of deaths, and annual rates per 1,000 at large camps in the United States, week ended Apr. 4, 1919.

Camp.	Strength.	Deaths.		Annual death rate per 1,000.	
		All causes.	Disease only.	All causes.	Disease only.
Bowie.	4,778	1	1	10.88	10.88
Bragg.	905				
Custer.	5,617	3	3	27.77	27.77
Devens.	8,677	4	4	23.97	23.97
Dix.	16,910				
Dodge.	7,136	1	1	7.28	7.28
Eustis.	491				
Fremont.	296				
Funston.	5,956	1	1	8.73	8.73
Gordon.	7,930	1	1	6.54	6.54
Grant.	14,017	2	2	7.42	7.42
Humphreys.	3,322				
Jackson.	10,846				
J. E. Johnston.	377				
Kearny.	3,536				
Henry Knox.	11,863				
Las Casas.	1,656				
Lee.	10,841	1		4.79	
Lewis.	6,134				
Mendo.	14,440				
Pike.	7,157	2	2	14.53	14.53
Shelby.	3,619				
Sherman.	11,707	2	2	8.88	8.88
Taylor.	13,568	3	3	11.50	11.50
Travis.	6,625	2	2	15.69	15.69
Upton.	27,570	1	1	1.88	1.88
Wheeler.	568				
Northeastern Department.	3,370				
Eastern Department.	20,088				
Southeastern Department.	8,390	1	1	6.19	6.19
Central Department.	5,309				
Southern Department.	35,135	8	7	11.84	10.36
Western Department.	11,280	1	1	4.60	4.60
Aviation camps.	20,780	7	1	17.51	2.50
Port of embarkation:					
Hoboken.	51,653	4	4	4.02	4.02
Newport News.	25,516	12	12	24.46	24.46
All others.	93,696	22	21	12.20	11.65
Total.	481,668	79	70	8.53	7.56

Annual admission rate per 1,000 for certain diseases.

Disease.	Troops in United States.		American Expeditionary Forces.	
	Current week.	Last week.	Current week.	Last week.
Pneumonia.	9.72	14.07	15.93	17.71
Dysentery.	.43	.41	.57	.28
Malaria.	1.40	1.44	.39	.10
Veneral.	68.05	76.69	34.97	35.33
Paratyphoid.	.10			.28
Typhoid.		.31	1.04	1.78
Measles.	3.13	4.45	3.07	2.06
Meningitis.	.75	.72	1.12	2.13
Scarlet fever.	5.29	3.41	.39	.69
Influenza.	18.36	29.06		

CURRENT STATE SUMMARIES.

Telegraphic Reports for Week Ended April 12, 1919.

Alabama.—State totals: Typhoid fever 3, malaria 3, smallpox 24, measles 82, scarlet fever 3, diphtheria 6, whooping cough 2, tuberculosis 5, meningitis 1, pneumonia 3, influenza 28, mumps 12.

Arkansas.—State totals: Influenza 126 cases (of which in Hot Springs 110), measles 80, malaria 55, chickenpox 19, smallpox 17, whooping cough 23, tuberculosis 12, diphtheria 5, scarlet fever 4, typhoid fever 4, pellagra 3, trachoma 1, ophthalmia 1.

California.—Third wave of influenza shows a decline with 735 cases reported. Smallpox: 28 cases reported (of which in Marysville 4), Tulare County 11, San Jose 3, Los Angeles 3, balance distributed over State. Typhoid fever: 11 cases (of which in San Francisco 3), Los Angeles 2, and 1 each in Sacramento County, Stockton, Berkeley, Sacramento, Richmond, and Oakland. San Francisco reports 1 case each of poliomyelitis and meningitis. Lethargic encephalitis: Contra Costa County 1, San Francisco 1.

Connecticut.—Cerebrospinal meningitis, New Haven 1. Influenza: State total, 128 cases.

Florida.—State totals: Typhoid fever 34, scarlet fever 7, diphtheria 15, pneumonia 30. Meningitis: Jacksonville 1, Hillsboro County 1, Citrus County 1.

Georgia.—State totals: Hookworm 2, chicken pox 29, diphtheria 1, dysentery (amebic) 5, dysentery (bacillary) 8, German measles 9, gonorrhea 86, influenza 73, malaria 40, measles 44, mumps 45, pneumonia (acute lobar) 47, poliomyelitis 2, rabies (in animal) 1, scarlet fever 9, septic sore throat 4, smallpox 87, syphilis 49, tetanus 2, trachoma 2, tuberculosis (pulmonary) 15, tuberculosis (other than pulmonary) 4, typhoid fever 5, whooping cough 26, gonorrhreal ophthalmia 1.

Illinois.—Diphtheria: Cases reported 160, of which in Chicago 133. Scarlet fever: 119 cases, of which in Chicago 68, Stockton 12, Rockford 7, Oglesby 6, Mount Sterling 4. Smallpox: 78 cases, of which in Union Precinct (Union County) 11, Peoria 9, Hampshire 8, Aurora 5, Fairmount 5, Pekin 4, Palmyra 4. Meningitis: Chicago 3 cases. Poliomyelitis: Chicago 1, Danvers 1. Lethargic encephalitis: Chicago 3. A total of 201 cases of influenza reported, Chicago reporting 144, with no recrudescence. Gonorrhea 89, syphilis 89.

Indiana.—Scarlet fever reported in Hendricks, Kosciusko, Jennings, Porter, Clay, Whitley, and St. Joseph Counties. Smallpox reported in the counties of Parke, Vermilion, Jennings, Porter, and Clay, and in Elkhart, Fort Wayne, Rosedale, and Columbia City. Measles present in Fortville. Mumps reported in Lagrange. Diphtheria by counties: Hendricks 7, Kosciusko 3, Blackford 3, Parke 6,

Clay 4, Orange 1, Randolph 1, Decatur 1. Typhoid fever: Kosciusko County 1, Lake County 1. Rabies: Clinton 1. Syphilis 29, gonorrhea 48, chancroid 2.

Iowa.—Chancroid: Postville 1. Chicken pox: Davenport 1, Dubuque 1. Diphtheria: Council Bluffs 1, Des Moines 3, Dubuque 1. Gonorrhea: Battle Creek 1, Cedar Rapids 2, Davenport 12, Dubuque 3, Elkader 1, Low Moor 1, Manson 3, Monona 1, Mount Pleasant 1, Newton 1, Ottumwa 2, Read 1, Spencer 1. Measles: Davenport 1, Dubuque 1, Forest City 7. Mumps: Dubuque 1, Northwood 2. Scarlet fever: Armstrong 1, Boone 1, Burlington 2, Cedar Rapids 1, Denmark 3, Des Moines 12, Ottumwa 2. Smallpox: Albia 10, Boone 10, Buffalo 1, Carbon 5, Cedar Rapids 4, Cedar Falls 1, Council Bluffs 3, Davenport 18, Des Moines 6, Fort Dodge 1, Mason City 1, Ottumwa 1. Syphilis: Davenport 16, Des Moines 1, Iowa City 1, Ottumwa 3. Whooping cough: Davenport 1. In rural districts of following counties: Scarlet fever: Boone 1, Clayton 1, Dallas 1, Lee 1, Marion 1, Monroe 1, Plymouth 3, Poweshiek 1. Smallpox: Buchanan 4, Cherokee 1, Grundy 2, Jones 1, Mahaska 1, Montgomery 1. Influenza: 46 cases reported.

Kansas.—Meningitis: Herington 1, Severy 1. State totals: Smallpox 89, typhoid fever 6, diphtheria 25, scarlet fever 58, influenza 737.

Louisiana.—State totals: Lethargic encephalitis 4, smallpox 34, meningitis 1, influenza 27, typhoid fever 18, diphtheria 13, gonorrhea 64, syphilis 13, chancroid 3.

Maine.—Chickenpox: Portland 6. Diphtheria: Portland 1, Oldtown 1, Waterville 1, Enfield 1, Garland 1, Westbrook 2, Winslow 8, Corinna 1. Gonorrhea: Lexington 1, Millbridge 1, Rumford 1, Skowhegan 1, Bangor 1, Camden 1, Auburn 1, Bath 1, Freeport 1, Gardiner 1, Lewiston 1, Portland 13, Fort Fairfield 2, Greenville 3. Mumps: Portland 5. Ophthalmia neonatorum: Portland 1. Scarlet fever: Hudson 2, Freeport 1, Kenduskeag 6, Portland 8. Syphilis: Augusta 2, Portland 4, Bangor 2, Greenville 1. Tuberculosis: 17 cases reported. Typhoid fever: Berwick 1, Sanford 1. Whooping cough: Portland 1. Influenza: Cases reported 179.

Massachusetts.—Unusual prevalence of measles by cities as follows: Fall River 69, Taunton 17, Wareham 15, Charlton 13. Diphtheria: Fall River 7. Scarlet fever: Salem 5.

Minnesota.—Smallpox (new foci): Goodhue County, Red Wing 15; Houston County, Caledonia Township 1; Hubbard County, Park Rapids 1. Cerebrospinal meningitis 1, poliomyelitis 1, syphilis 50, gonorrhea 81, chancroid 1.

New Jersey.—Cases reported: Influenza 290, pneumonia 182. Smallpox: Atlantic County (Hamilton Township) 1, Weymouth Township 5, Cape May County (Cape May) 3, West Cape May 4. No unusual prevalence of other diseases noted.

New York.—Exclusive New York City. Typhoid fever 7, measles 407, scarlet fever 151, whooping cough 30. Diphtheria 145, of which in Erie County 52. Smallpox 2, of which in Buffalo 1 and Franklin town 1. Cerebrospinal meningitis 7, of which in Lackawanna 1, Elmira 1, Newport village 1, Hempstead village 1, Dobbs Ferry 1, North Tarrytown 2. Poliomyelitis 1 case in North Tarrytown. Pneumonia, cases reported 211. Voluntary reports: Syphilis 125, gonorrhcea 13.

North Carolina.—State totals: Whooping cough 188, measles 343, diphtheria 24, scarlet fever 9, septic sore throat 7, smallpox 119, chickenpox 49, typhoid fever 13, epidemic meningitis 2, broncho pneumonia 32, lobar pneumonia 21, ophthalmia neonatorum 2, syphilis 36, gonorrhcea 68, chancroid 5. Influenza: By counties, Carteret 4, Cleveland 63, Gaston 3, Lincoln 9; by cities, Charlotte 8, High Point 1.

Ohio.—Diphtheria: Steubenville 6, Wadsworth 7. Lethargic encephalitis: One each in Lorain, Bellefontaine, and Green County (Bath Township). Influenza materially decreasing. Smallpox: Washington Courthouse 7, Steubenville 10, Portsmouth 15, Toledo 23, Pike County (Camp Creek Township) 11.

Oregon.—Influenza: Portland 11 cases and 1 death, Hood River County 10 cases.

Vermont.—No unusual prevalence.

Virginia.—Influenza: 101 cases reported. Smallpox by counties: Alexandria 5, Middlesex 4, Norfolk 5. Cerebrospinal meningitis: Fredericksburg 1.

Washington.—Unusual prevalence of contagious diseases noted. Smallpox: Seattle 32, Tacoma 7, Yakima 12, Walla Walla 4, Centralia 4, Hoquiam 2, Renton 2, Edmonds 1. Mumps: Seattle 21, Tacoma 9, Yakima 38, Vancouver 3, Bremerton 6, Pierce County 28.

ANTHRAX.

Massachusetts Report for March, 1919.

During March, 1919, one case of anthrax was reported in Massachusetts.

CEREBROSPINAL MENINGITIS.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 12, 1919.

	Cases.		Cases.
Gas and flame school zone, Ga. and Ala.	1	|	Camp Zachary Taylor zone, Ky. and Ind.

CEREBROSPINAL MENINGITIS—Continued.

State Reports for March, 1919.

Place.	New cases reported.	Place.	New cases reported.
Massachusetts:		Massachusetts—Continued.	
Barnstable County— Falmouth (town).....	1	Suffolk County— Boston.....	7
Bristol County— New Bedford.....	1	Worcester County— Clinton (town).....	1
Essex County— Lawrence.....	1	Worcester.....	1
Lynn.....	2	Total.....	19
Franklin County— Greenfield (town).....	1	Oklahoma:	
Middlesex County— Arlington (town).....	1	Creek County.....	1
Norfolk County— Dedham (town).....	1	Jackson County.....	1
Wrentham (town).....	1	Tulsa County.....	1
Plymouth County— Brockton.....	1	Total.....	3

City Reports for Week Ended Mar. 29, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Appleton, Wis.....	2	.....	Newark, N. J.....	2	.....
Atlanta, Ga.....	1	.....	New Brunswick, N. J.....	1	.....
Baltimore, Md.....	3	1	New Haven, Conn.....	1	.....
Bayonne, N. J.....	1	.....	Newton, Mass.....	1	1
Chicago, Ill.....	2	1	New York, N. Y.....	12	4
Dayton, Ohio.....	5	1	Norfolk, Va.....	1	1
Detroit, Mich.....	2	1	Passaic, N. J.....	2	.....
Galveston, Tex.....	1	.....	Perth Amboy, N. J.....	1	.....
Kansas City, Mo.....	2	.....	Piqua, Ohio.....	1	.....
Leominster, Mass.....	1	.....	Portland, Oreg.....	1	.....
Lexington, Ky.....	1	.....	Portsmouth, Va.....	1	1
Long Beach, Calif.....	1	1	Salt Lake City, Utah.....	1	.....
Los Angeles, Calif.....	1	.....	San Francisco, Calif.....	1	.....
Louisville, Ky.....	1	.....	Syracuse, N. Y.....	1	1
Macon, Ga.....	1	.....	Warren, Pa.....	1	.....
Marion, Ind.....	1	.....	Wilkes-Barre, Pa.....	2	.....
Milwaukee, Wis.....	2	2			

CHANCRID.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 12, 1919.

Cases.	Cases.
Fayetteville sanitary district, N. C.....	2
Camp Jackson zone, S. C.....	2
Muscle Shoals sanitary district, Ala.....	6

DIPHTHERIA.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 12, 1919.

Cases.	Cases.
Fayetteville sanitary district, N. C.....	1
Camp Funston zone, Kans.....	1
Gas and flame school zone, Ga. and Ala.....	2
Camp Gordon zone, Ga.....	1
Muscle Shoals sanitary district, Ala.....	2
Portsmouth and Norfolk County health district, Va.....	2

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 811.

GONORRHEA.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 12, 1919.

	Cases.		Cases.
Fayetteville sanitary district, N. C.....	5	Camp Pike zone, Ark.....	21
Camp Funston zone, Kans.....	6	Camp Polk zone, N. C.....	15
Gas and flame school zone, Ga. and Ala.....	2	Camp Sherman zone, Ohio.....	9
Camp Gordon zone, Ga.....	17	Camp Zachary Taylor zone, Ky. and Ind.....	51
Camp Jackson zone, S. C.....	16	Tidewater health district, Va.....	18
Muscle Shoals sanitary district, Ala.....	1	Camp Travis zone, Tex.....	14
Ticric acid plant zone, Ga.....	21		

INFLUENZA.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 12, 1919.

	Cases.		Cases.
Camp Funston zone, Kans.....	8	Camp Pike zone, Ark.....	5
Camp Gordon zone, Ga.....	4	Portsmouth and Norfolk County health dis-trict, Va.....	6
Gulfport health district, Miss.....	13	Souther field zone, Ga.....	1
Camp A. A. Humphreys zone, Va.....	2	Camp Zachary Taylor zone, Ky. and Ind.....	15
Camp Lewis zone, Wash.....	1	Wilmington sanitary district, N. C.....	1
Camp Merritt zone, N. J.....	3		
Muscle Shoals sanitary district, Ala.....	3		

LETHARGIC ENCEPHALITIS.

Cases Reported for Week Ended Apr. 12, 1919.

California:	Cases.	Ohio:	Cases.
San Francisco.....	1	Bellefontaine.....	1
Stockton (week ended Apr. 5).....	1	Lorain.....	1
Contra Costa County.....	1	Greene County (Bath Township).....	1
Illinois:		Rhode Island:	
Chicago.....	3	Providence.....	1
Louisiana:		Texas:	
Acadia Parish.....	1	Corpus Christi (week ended Apr. 5).....	1
Bienville Parish.....	1		
East Carroll Parish.....	1		
Iberia Parish.....	1		

MALARIA.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 12, 1919.

	Cases.		Cases.
Gulfport health district, Miss.....	16	Wilmington sanitary district, N. C.....	1
Camp Pike zone, Ark.....	2		

City Reports for Week Ended Mar. 29, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Austin, Tex.....	2		Memphis, Tenn.....	1	
Camden, N. J.....	1		New Orleans, La.....	1	
Charleston, S. C.....			Palestine, Tex.....	6	
Chicago, Ill.....	1		Springfield, Mo.....		1
Houston, Tex.....	2		Tuscaloosa, Ala.....	1	
Joplin, Mo.....	1				

MEASLES.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 12, 1919.

	Cases.		Cases.
Camp Devens zone, Mass.	6	Camp Pike zone, Ark.	1
Fayetteville sanitary district, N. C.	16	Camp Polk zone, N. C.	10
Gas and flame school zone, Ga. and Ala.	10	Portsmouth and Norfolk County health dis-	
Camp Gordon zone, Ga.	7	trict, Va.	3
Camp Lee zone, Va.	7	Camp Zachary Taylor zone, Ky. and Ind.	9
Camp Lewis zone, Wash.	1	Tidewater health district, Va.	1
Camp Merritt zone, N. J.	1	Camp Travis zone, Tex.	5
Picric-acid plant zone, Ga.	8	Camp Upton zone, N. Y.	3

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 811.

PELLAGRA.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 12, 1919.

	Cases.		Cases.
Gas and flame school zone, Ga. and Ala.	1	Camp Polk zone, N. C.	1
Gulfport health district, Miss.	1		

State Reports for March, 1919.

Place.	New cases reported.	Place.	New cases reported.
Massachusetts:		Oklahoma—Continued:	
Essex County—		Haskell County	2
Haverhill	1	Lincoln County	12
Middlesex County—		Le Flore County	1
Melrose	1	McCurtain County	3
Total	2	Marshall County	4
Oklahoma:		Pushmataha County	1
Atoka County	2	Pittsburg County	1
Bryan County	3	Sequoyah County	4
Creek County	5	Tulsa County	2
Caddo County	1	Total	41

City Reports for Week Ended Mar. 29, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Austin, Tex.		1	Galveston, Tex.		1
Beaumont, Tex.		1	Memphis, Tenn.	1	1
Birmingham, Ala.	2	1	Nashville, Tenn.	1	
Charleston, S. C.		1	Pasadena, Calif.		1
Durham, N. C.		1	Richmond, Va.		1

PNEUMONIA.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 12, 1919.

	Cases.		Cases.
Gas and flame school zone, Ga. and Ala.	3	Portsmouth and Norfolk County health dis-	
Camp Gordon zone, Ga.	2	trict, Va.	1
Gulfport health district, Miss.	11	Camp Zachary Taylor zone, Ky. and Ind.	3
Camp A. A. Humphreys zone, Va.	2	Camp Travis zone, Tex.	1
Camp Lewis zone, Wash.	1	Camp Upton zone, N. Y.	3
Camp Merritt zone, N. J.	2	Wilmington sanitary district, N. C.	2
Muscle Shoals sanitary district, Ala.	1		

PNEUMONIA—Continued.

City Reports for Week Ended Mar. 29, 1919.

Place.	Labor.		All forms.	
	Cases.	Deaths.	Cases.	Deaths.
Akron, Ohio.....	6		13	
Albany, N. Y.....	15			
Anniston, Ala.....			1	
Appleton, Wis.....	1			
Arlington, Mass.....	1			
Atlanta, Ga.....	8	8		
Atlantic City, N. J.....	1			
Auburn, N. Y.....	1	1		
Baltimore, Md.....	11	10		
Baton Rouge, La.....			2	1
Bayonne, N. J.....	1			
Belleville, N. J.....	3			
Brooklyn, Mass.....	2			
Binghamton, N. Y.....	9	2		
Boston, Mass.....	39	11		
Bristol, Conn.....	1			
Brockton, Mass.....	3	1		
Brunswick, Ga.....	2			
Cadillac, Mich.....	1	1		
Cambridge, Mass.....	2	1		
Camden, N. J.....	4			
Cape Girardeau, Mo.....	2			
Charleston, W. Va.....	1			
Chicago, Ill.....			324	119
Cleveland, Ohio.....	35	47		
Cohoes, N. Y.....	1			
Cumberland, Md.....	1	2		
Dayton, Ohio.....	2	5		
Detroit, Mich.....	11	25	16	41
Duluth, Minn.....	7	1		
East Orange, N. J.....			6	1
Elmira, N. Y.....	6	5		
Englewood, N. J.....	3	1		
Findlay, Ohio.....	1	1		
Grand Rapids, Mich.....	18	1		
Green Bay, Wis.....	4	4		
Greenwich, Conn.....	1			
Hackensack, N. J.....	2	2		
Harrison, N. J.....	1			
Hartford, Conn.....	1	1		
Haverhill, Mass.....	7	1		
Highland Park, Mich.....	11	7		
High Point, N. C.....	1			
Hoboken, N. J.....	2	6		
Hudson, N. Y.....	1			
Independence, Mo.....			8	4
Ironton, Ohio.....	1	1		
Jamestown, N. Y.....			7	1
Jersey City, N. J.....			8	
Joplin, Mo.....	2			
Kalamazoo, Mich.....	3	2		
Kansas City, Kans.....			6	
Kansas City, Mo.....			17	25
Kearny, N. J.....	2			
Lockawanna, N. Y.....	4	2		
Lakewood, Ohio.....	1	1		
Lawrence, Kans.....	1	1		
Lawrence, Mass.....	3			
Leominster, Mass.....	1			
Little Rock, Ark.....	5			
Lockport, N. Y.....	1			
Long Branch, N. J.....	1			
Los Angeles, Calif.....	5	4	5	10
Louisville, Ky.....	2	24		
Lowell, Mass.....	2	3		
Lynn, Mass.....	5	1		
Manchester, N. H.....	1	1		
Manitowoc, Wis.....	1	1		
Marquette, Mich.....	3	2		
Methuen, Mass.....	2			
Morristown, N. J.....	1			
Mount Vernon, N. Y.....	2	2	1	1
Newark, N. J.....	53	10		
New Britain, Conn.....	1	1		
Newburgh, N. Y.....	1	1		
Newburyport, Mass.....	1			
Newton, Mass.....	4	1		
New York, N. Y.....	2		329	354
Oakland, Calif.....		2		

April 18, 1919.

PNEUMONIA—Continued.

City Reports for Week Ended Mar. 29, 1919—Continued.

Place.	Lobar.		All forms.	
	Cases.	Deaths.	Cases.	Deaths.
Oak Park, Ill.	2	4		
Ossining, N. Y.	4	2		
Passaic, N. J.	2	2		
Paterson, N. J.	50	3		
Philadelphia, Pa.	91	61		
Phillipsburg, N. J.	1	1		
Pittsburg, Kans.	3	10		
Plattsburgh, N. Y.	1			
Pontiac, Mich.	1	3		
Port Chester, N. Y.	2	1		
Portsmouth, N. H.	1			
Quincy, Mass.	2			
Redlands, Calif.	1			
Roanoke, Va.	1	1		
Rochester, N. Y.	10	8		
St. Paul, Minn.	2	6		
San Diego, Calif.	3	2		
Sandusky, Ohio			2	1
San Francisco, Calif.	12	7		
Saratoga Springs, N. Y.	1	1		
Saugus, Mass.	1			
Schenectady, N. Y.	1	1		
Somerville, Mass.	3	2		
Springfield, Mass.	6	3		
Stockton, Calif.	2	1		
Toledo, Ohio.	1	19		
Watertown, Mass.	2			
Westfield, Mass.	2			
Wichita, Kans.	4	1		
Worcester, Mass.	5	3		
Youngstown, Ohio.	4	4		

POLIOMYELITIS (INFANTILE PARALYSIS).

State Reports for March, 1919.

Place.	New cases reported.	Place.	New cases reported.
Massachusetts:		Oklahoma:	
Suffolk County—		Dewey County.....	1
Boston.....	1	Le Flore County.....	1
Worcester County—		Pottawatomie County.....	1
Millord (town).....	1	Total.....	3
Total.....	2		

City Reports for Week Ended Mar. 29, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Chicago, Ill.	1		Memphis, Tenn.	1	
Decatur, Ill.	1		New York, N. Y.	2	1
Houston, Tex.	1		Terre Haute, Ind.		
Lincoln, Nebr.	1		Toledo, Ohio.		1

RABIES IN ANIMALS.

City Reports for Week Ended Mar. 29, 1919.

Place.	Cases.	Place.	Cases.
Atlantic City, N. J.	1	Macon, Ga.	1
Kansas City, Mo.	2	Rochester, N. Y.	1

RABIES IN MAN.**City Reports for Week Ended Mar. 29, 1919.**

During the week ended March 29, 1919, one case and one death from rabies were reported at Fort Worth, Tex., and one death was reported at Rochester, N. Y.

SCARLET FEVER.**Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 12, 1919.**

	Cases.	Cases.	
Camp Funston zone, Kans.	7	Portsmouth and Norfolk County health district, Va.	1
Camp Gordon zone, Ga.	9	Camp Sherman zone, Ohio	2
Camp Lee zone, Va.	2	Camp Zachary Taylor zone, Ky. and Ind.	23
Camp Merritt zone, N. J.	2	Tidewater health district, Va.	2
Camp Pike zone, Ark.	4		

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 811.

SMALLPOX.**Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 12, 1919.**

	Cases.	Cases.	
Fayetteville sanitary district, N. C.	7	Camp Polk zone, N. C.	4
Gas and flame school zone, Ga. and Ala.	8	Portsmouth and Norfolk County health district, Va.	5
Camp Gordon zone, Ga.	60	Tidewater health district, Va.	6
Camp A. A. Humphreys zone, Va.	6	Camp Travis zone, Tex.	3
Muscle Shoals sanitary district, Ala.	3		
Camp Pike zone, Ark.	1		

Massachusetts Report for March, 1919—Vaccination Histories.

Place.	New cases reported.	Deaths.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
Massachusetts:						
Middlesex County—						
Everett.....	1				1	
Suffolk County—						
Boston.....	6				5	1
Total.....	7				6	1

Oklahoma Report for March, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Oklahoma:			Oklahoma—Continued.		
Atoka County.....	11		Kay County.....	50	
Beaver County.....	1		Kingfisher County.....	2	
Bryan County.....	13		Lincoln County.....	2	
Blaine County.....	4		La Flore County.....	11	
Cimarron County.....	1		McIntosh County.....	1	
Comanche County.....	1		McCurtain County.....	19	
Cleveland County.....	7		Major County.....	3	
Creek County.....	32		Marshall County.....	7	
Canadian County.....	1		Noble County.....	36	
Custer County.....	1		Sequoyah County.....	2	
Garfield County.....	7		Stephens County.....	5	
Garvin County.....	3		Tulsa County.....	28	
Harper County.....	5		Woods County.....	3	
Haskell County.....	5		Total.....	281	
Jackson County.....	20				

SMALLPOX—Continued.**City Reports for Week Ended Mar. 29, 1919.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Abilene, Tex.	1		Logansport, Ind.	1	
Akron, Ohio	3		Long Beach, Calif.	2	
Alliance, Ohio	1		Los Angeles, Calif.	4	
Ann Arbor, Mich.	1		Lindstrom, Mich.	1	
Atlanta, Ga.	43		Macon, Ga.	2	
Baltimore, Md.	2		Madison, Wis.	2	
Bangor, Me.	1		Marinette, Wis.	1	
Bedford, Ind.	2		Marshalltown, Iowa	4	
Beloit, Wis.	2		Memphis, Tenn.	3	
Birmingham, Ala.	4		Milwaukee, Wis.	6	
Boulder, Colo.	1		Minneapolis, Minn.	7	
Camden, N. J.	1		Mobile, Ala.	5	
Cape Girardeau, Mo.	3		Moline, Ill.	1	
Carbondale, Pa.	1		Muscatine, Iowa	1	
Cedar Rapids, Iowa	2		Muskogee, Okla.	3	
Chanute, Kans.	21		Nashville, Tenn.	2	
Charleston, W. Va.	2		New Orleans, La.	4	
Chicago, Ill.	6		Newport, Ky.	1	
Cincinnati, Ohio	9		New York, N. Y.	2	
Cleveland, Ohio	4		Norfolk, Va.	5	
Columbus, Ohio	2		Oak Park, Ill.	1	
Council Bluffs, Iowa	5		Ogden, Utah	4	
Dallas, Tex.	9		Omaha, Nebr.	28	
Danville, Ill.	1		Oshkosh, Wis.	3	
Davenport, Iowa	28		Palestine, Tex.	8	
Decatur, Ill.	1		Parkersburg, W. Va.	1	
Denver, Colo.	11		Pekin, Ill.	8	
Des Moines, Iowa	3		Peoria, Ill.	8	
Detroit, Mich.	2		Pluma, Ohio	2	
Duluth, Minn.	2		Pittsburgh, Pa.	1	
Durham, N. C.	3		Portland, Oreg.	20	
Eau Claire, Wis.	5		Pueblo, Colo.	1	
Elgin, Ill.	1		Roanoke, Va.	3	
Elyria, Ohio	1		Rochester, N. Y.	1	
Eureka, Calif.	7		Rock Island, Ill.	1	
Fairmont, W. Va.	1		St. Joseph, Mo.	3	
Fort Wayne, Ind.	3		St. Louis, Mo.	5	
Fort Worth, Tex.	3		St. Paul, Minn.	8	
Galveston, Tex.	1		Salt Lake City, Utah	3	
Grand Rapids, Mich.	2		San Diego, Calif.	1	
Great Falls, Mont.	1		San Francisco, Calif.	8	
Greeley, Colo.	2		Sioux City, Iowa	1	
Greenville, S. C.	5		South Bend, Ind.	1	
Houston, Tex.	1		Springfield, Ill.	1	
Independence, Mo.	4		Steubenville, Ohio	3	
Joplin, Mo.	2		Superior, Wis.	3	
Kalamazoo, Mich.	8		Toledo, Ohio	4	
Kansas City, Mo.	7		Tuscaloosa, Ala.	1	
Knoxville, Tenn.	3		Washington, D. C.	5	1
Kokomo, Ind.	1		Wichita, Kans.	23	
Lexington, Ky.	5		Winston-Salem, N. C.	12	
Lincoln, Nebr.	22		Youngstown, Ohio	12	
Little Rock, Ark.	1		Zanesville, Ohio	2	

SYPHILIS.**Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 12, 1919.**

	Cases.		Cases.
Fayetteville sanitary district, N. C.	1	Pierce acid plant zone, Ga.	13
Gas and flame school zone, Ga. and Ala.	3	Camp Pike zone, Ark.	13
Camp Gordon zone, Ga.	17	Camp Polk zone, N. C.	10
Camp Jackson zone, S. C.	17	Camp Zachary Taylor zone, Ky. and Ind.	32
Camp Lee zone, Va.	4	Tidewater health district, Va.	3
Camp Merritt zone, N. J.	1	Camp Travis zone, Tex.	7
Muscle Shoals sanitary district, Ala.	8		

TETANUS.**City Reports for Week Ended Mar. 29, 1919.**

During the week ended March 29, 1919, one death from tetanus was reported at each of the following cities: Lexington, Ky., Morristown, N. J., New Orleans, La., and New York, N. Y.

TUBERCULOSIS.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 12, 1919.

	Cases.		Cases.
Camp Devens zone, Mass.....	1	Camp Polk zone, N. C.....	2
Gas and flame school zone, Ga. and Ala.....	3	Portsmouth and Norfolk County health district, Va.....	1
Camp Gordon zone, Ga.....	6	Camp Sherman zone, Ohio.....	1
Gulfport health district, Miss.....	2	Camp Zachary Taylor zone, Ky. and Ind.....	5
Camp Lee zone, Va.....	3	Tidewater health district, Va.....	6
Camp Merritt zone, N. J.....	1	Camp Travis zone, Tex.....	5
Pierce acid plant zone, Ga.....	1	Wilmington sanitary district, N. C.....	5
Camp Pike zone, Ark.....	4		

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 811.

TYPHOID FEVER.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 12, 1919.

	Cases.		Cases.
Camp A. A. Humphreys zone, Va.....	2	Muscle Shoals sanitary district, Ala.....	1
Camp Jackson zone, S. C.....	1	Camp Zachary Taylor zone, Ky. and Ind.....	1
Camp Lee zone, Va.....	1	Wilmington sanitary district, N. C.....	2

State Reports for March, 1919.

Place.	New cases reported.	Place.	New cases reported.
Massachusetts—Continued.			
Berkshire County—		Suffolk County—	
Pittsfield.....	2	Boston.....	7
Bristol County—		Chelsea.....	1
Fall River.....	1	Revere.....	1
New Bedford.....	2	Worcester County—	
Essex County—		Dudley (town).....	2
Beverly.....	1	Leominster.....	1
Haverhill.....	1	Total.....	44
Lawrence.....	8		
Lynn.....	1	Oklahoma:	
Rockport (town).....	3	Comanche County.....	2
Hampshire County—		Creek County.....	15
Northampton.....	1	Canadian County.....	1
Middlesex County—		Delaware County.....	1
Cambridge.....	1	Dewey County.....	2
Everett.....	2	Haskell County.....	1
Lowell.....	1	Lincoln County.....	1
Newton.....	1	Le Flore County.....	15
Somerville.....	1	Murray County.....	3
Wayland (town).....	1	Noble County.....	22
Norfolk County—		Pottawatomie County.....	5
Brookline (town).....	1	Pittsburg County.....	22
Medfield (town).....	1	Sequoyah County.....	5
Quincy.....	1	Tillman County.....	3
Weymouth (town).....	2	Total.....	58

April 18, 1919.

TYPHOID FEVER—Continued.

City Reports for Week Ended Mar. 29, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Allentown, Pa.	10		Kenosha, Wis.	1	
Baltimore, Md.	4	2	Little Rock, Ark.	1	
Baton Rouge, La.	1		Los Angeles, Calif.	3	
Bedford, Ind.			Louisville, Ky.	1	
Berkeley, Calif.	1		Meadville, Pa.	1	
Boston, Mass.	3		Memphis, Tenn.	138	12
Bridgeport, Conn.	1		Milwaukee, Wis.	1	
Brookline, Mass.	1		New York, N. Y.	2	2
Buffalo, N. Y.			Omaha, Nebr.	1	
Charleston, S. C.	1		Paterson, N. J.	1	
Chicago, Ill.	3		Pawtucket, R. I.	1	
Dayton, Ohio.	1		Philadelphia, Pa.	7	
Decatur, Ill.	1		Pittsburgh, Pa.	1	
East Chicago, Ind.			Providence, R. I.	1	
East Liverpool, Ohio.			Riverside, Calif.	1	
Fort Worth, Tex.	1		Saginaw, Mich.	1	
Galveston, Tex.	2		St. Louis, Mo.	2	
Geneva, N. Y.	1		St. Paul, Minn.		1
Grand Rapids, Mich.			San Francisco, Calif.	3	
Haverhill, Mass.	1		Somerville, Mass.	1	
Houston, Tex.	4		Stockton, Calif.	1	
Independence, Mo.			Washington, D. C.	2	
Indianapolis, Ind.	2		Wheeling, W. Va.	1	
Kansas City, Mo.	1	3	Wilkinsburg, Pa.	1	

TYPHUS FEVER.

Artesia, Tex., and New York, N. Y.

During the week ended March 29, 1919, one case of typhus fever was reported in New York, N. Y. On April 6 one case of this disease was reported at Artesia, La Salle County, Tex.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

State Reports for March, 1919.

During March there were reported in Massachusetts 659 cases of diphtheria, 778 cases of measles, and 719 cases of scarlet fever; in Oklahoma, 34 cases of diphtheria, 68 cases of measles, and 87 cases of scarlet fever.

City Reports for Week Ended Mar. 29, 1919.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Contd.

City Reports for Week Ended Mar. 29, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Appleton, Wis.	18,005	12								
Arlington, Mass.	13,073	1								1
Asbury Park, N. J.	11,629	2								
Ashland, Ohio	22,008	6	1		10					
Atlanta, Ga.	193,144	46	3	1	10		8		9	4
Atlantic City, N. J.	59,515	13			4				8	1
Attleboro, Mass.	19,776	6								
Auburn, N. Y.	37,823	14			2					
Austin, Tex.	35,612	6								
Baltimore, Md.	594,637	212	30	3	10		204	1	75	32
Bangor, Me.	26,958									
Barre, Vt.	12,401	5								1
Baton Rouge, La.	17,544	6			2				2	2
Battle Creek, Mich.	30,159	1	6		17				1	
Bayonne, N. J.	72,204		9		2		3		2	
Beatrice, Nebr.	10,437	9								2
Beaumont, Tex.	28,851	14								
Beaver Falls, Pa.	13,749		1							
Bedford, Ind.	10,413	3								
Bellaire, Ohio	14,575	10								
Belleville, Ill.	31,154									
Beloit, Wis.	18,547	3	2		1					
Benton Harbor, Mich.	11,099	3								
Berkeley, Calif.	60,427	7	1						1	1
Berlin, N. H.	13,892	7								
Beverly, Mass.	22,128	4								
Biddeford, Me.	17,760	10								
Billings, Mont.	15,123									
Binghamton, N. Y.	54,861	33			1		10		1	
Birmingham, Ala.	189,716	43			4	1			8	4
Bloomington, Ind.	11,661	4	1							
Bolse, Idaho	35,951	2								
Boston, Mass.	767,813	330	38	6	17		66	1	47	24
Boulder, Colo.	12,012							1		
Braddock, Pa.	22,060		5					2		
Brazil, Ind.	10,472	3								
Bridgeport, Conn.	124,724	57	8	2	3		2		6	7
Bristol, Conn.	16,318	5	2						1	1
Brookton, Mass.	69,152	13	1						1	3
Brookline, Mass.	33,526	13							2	1
Brunswick, Ga.	10,984	1			22				1	
Buffalo, N. Y.	475,781	154	44	3	74	2	21		26	20
Burlington, Iowa	25,144	9						1		
Burlington, Vt.	21,802	15			24	1				1
Butler, Pa.	28,677							1		
Cadillac, Mich.	10,158	3	2							
Cairo, Ill.	15,995	11	1							1
Cambridge, Mass.	114,293	21	4		10		1		2	4
Camden, N. J.	108,117		2		3		1		4	
Canton, Ohio	62,566	24			17		4		2	1
Cape Girardeau, Mo.	11,146									
Carbondale, Pa.	19,597		2					1		
Carnegie, Pa.	11,963							1		
Chambersburg, Pa.	12,475		1							
Champaign, Ill.	15,052	2		1						
Chanute, Kans.	12,968									
Charleston, S. C.	61,041	23								2
Charleston, W. Va.	31,060	6	1		1					
Charlotte, N. C.	40,759	22			10	1	1		1	1
Chelsea, Mass.	48,405	15						4		
Chester, Pa.	41,857							2		2
Cheyenne, Wyo.	11,320				5					
Chicago, Ill.	2,547,201	733	95	14	482	3	64	2	271	72
Chicopee, Mass.	29,950	7							4	2
Ghillicothe, Ohio	15,625	2						1		
Cincinnati, Ohio	414,248	178	4		22		33		21	22
Clarksburg, W. Va.	12,960		3					1		
Cleveland, Ohio	692,259	265	16	1	28	1	7		29	30
Clinton, Iowa	27,678		1					1		
Clinton, Mass.	13,075	2								1
Coatesville, Pa.	14,998				66		1			
Coffeyville, Kans.	18,331				10				1	
Cohoes, N. Y.	25,292	8					3			2

¹ Population Apr. 15, 1910.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Contd.

City Reports for Week Ended Mar. 29, 1910—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Colorado Springs, Colo.	38,965	9							6	2
Columbia, S. C.	35,165		1		1		1			
Columbus, Ohio	220,135	98			7		4	1	7	8
Concord, N. H.	22,858	12	1							
Connellsburg, Pa.	15,876		3		2		1		2	
Corpus Christi, Tex.	10,789	3								
Council Bluffs, Iowa	31,838	11			1					
Covington, Ky.	59,623	32	1				3		2	5
Cranston, R. I.	26,773	7	1				1			
Cumberland, Md.	25,686	7	4		17					1
Dallas, Tex.	129,738	36	1		2				2	
Danbury, Conn.	22,931	4			1		1			
Danvers, Mass.	10,037		2						1	1
Danville, Ill.	32,969	16								
Danville, Va.	20,183	5								
Davenport, Iowa	49,618		1				1			
Dayton, Ohio	128,939	60					1		2	2
Decatur, Ill.	41,483	14	3		2					1
Dedham, Mass.	10,618	1	2							
Denver, Colo.	268,439	81	4		4		9	2		18
Des Moines, Iowa	104,052		2		2		8		2	
Detroit, Mich.	619,618	246	71	5	14		51	1	42	29
Dover, N. H.	13,276								1	1
Du Bois, Pa.	14,994		2							
Dubuque, Iowa	40,096	3	3				3			
Duluth, Minn.	97,077	14	2	1	26	1	2		4	
Dunmore, Pa.	21,286				14					
Durham, N. C.	26,160	7				3			4	
East Chicago, Ind.	30,286		14	1						
Easthampton, Mass.	10,656	1							1	
East Liverpool, Ohio	22,941	12								2
Easton, Pa.	30,854		2		5		1			
East Orange, N. J.	43,761	8	4		2				2	
East Providence, R. I.	18,485						1			
Eau Claire, Wis.	18,887				19					
Elgin, Ill.	28,562	6					3		2	1
Elizabeth, N. J.	88,830		5				4		7	
Elmira, N. Y.	38,272	16			3				1	
El Paso, Tex.	69,149	47			4		2			9
Elyria, Ohio	19,503	7					1			
Englewood, N. J.	12,603	3								
Erie, Pa.	76,592		1		3				5	
Escanaba, Mich.	15,854	3								
Eureka, Calif.	15,142	3			2					
Evanston, Ill.	29,304	6			53		1			
Everett, Mass.	40,160	8	3		2		4			
Fair River, Mass.	129,828	36	6		56	1			6	3
Fargo, N. Dak.	17,872	8			9		15			1
Findlay, Ohio	14,858	5			2				1	1
Flint, Mich.	57,386	18	5				1			
Fond du Lac, Wis.	21,486	9					5			
Fort Scott, Kans.	10,564	5								
Fort Wayne, Ind.	78,014	27	1						8	2
Fort Worth, Tex.	109,597	18	3		4				2	2
Fostoria, Ohio	10,959	3								
Framingham, Mass.	14,149	5							1	
Frederick, Md.	11,225	5					1			
Freeport, Ill.	19,844	12			1					1
Fremont, Nebr.	10,080	4								
Fremont, Ohio	11,034	5							1	1
Galesburg, Ill.	24,629	10								
Galveston, Tex.	42,650	12								
Geneva, N. Y.	13,915	3			1				1	
Grand Forks, N. Dak.	16,342	9								
Grand Rapids, Mich.	132,861	35	2		14		4		6	
Great Falls, Mont.	11,948	15			19		1			
Green Bay, Wis.	30,017	22							1	1
Greenfield, Mass.	12,251	5	7						3	
Greensboro, N. C.	20,171	9								1
Greensburg, Pa.	15,881		1		4					
Greenville, S. C.	18,574	5							1	
Greenwich, Conn.	19,594								2	
Hackensack, N. J.	17,412	4	1				1		1	

¹ Population Apr. 15, 1910.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Contd.

City Reports for Week Ended Mar. 29, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Hammond, Ind.	27,016	12			18		1			
Harrisburg, Pa.	73,276						1			
Harrison, N. J.	17,345						1			
Hartford, Conn.	112,851	45	10		27	1	3		3	4
Haverhill, Mass.	49,180	18	1				1		3	1
Hazleton, Pa.	28,981						2			
Hibbing, Minn.	17,550		1		1		1		1	
Highland Park, Mich.	33,859	12	7		1		3		1	
High Point, N. C.	13,439		1						1	
Hoboken, N. J.	78,324	21	6	1	3		1		3	2
Holland, Mich.	12,459	3								1
Holyoke, Mass.	66,503	16	2	1			5			
Houston, Tex.	116,878	40	2		4				1	5
Hudson, N. Y.	12,898	7								
Hutchinson, Kans.	21,461								1	
Independence, Mo.	11,964	6			17	1				1
Indianapolis, Ind.	283,622	141	14	1	34		11		7	7
Irionton, Ohio	14,079	10			4		2		2	
Ithaca, N. Y.	16,017	5			1		7		1	
Jamestown, N. Y.	37,431	7					6		4	
Janesville, Wis.	14,411	3								
Jersey City, N. J.	312,557		29		41		7		13	
Johnstown, N. Y.	10,678	2								
Johnstown, Pa.	70,473		2				1		3	
Joplin, Mo.	33,400	8			1				3	
Kalamazoo, Mich.	50,408	27	1		4		4			
Kankakee, Ill.	14,270				2		1			
Kansas City, Kans.	102,096		3		10		3		5	
Kansas City, Mo.	305,816	115	3		45	2	5		5	9
Kearny, N. J.	24,325	1							1	
Keene, N. H.	10,725	1								
Kenosha, Wis.	32,833	5	1		79		8			
Knoxville, Tenn.	59,112		1		8		1		9	
Kokomo, Ind.	21,929	19					4			
Lackawanna, N. Y.	16,219	6	1		1					1
La Crosse, Wis.	31,833	13	2							2
La Fayette, Ind.	21,481	10	1							1
Lakewood, Ohio.	23,813	12					1			
Lancaster, Ohio.	16,086	6					2			
Lancaster, Pa.	51,437		2		120				1	
Laurel, Miss.	12,313		1				1			
Lawrence, Kans.	13,477	3			1					
Lawrence, Mass.	102,923	22	4				2		6	2
Lebanon, Pa.	20,947				74					
Leominster, Mass.	21,365	4	1		1		1		1	
Lexington, Ky.	41,997	18			15		2			2
Lima, Ohio.	37,145	15					8		1	1
Lincoln, Nebr.	46,957	14	1		2		8			1
Little Rock, Ark.	58,716	9					7		3	
Lockport, N. Y.	20,028		4		50					
Logansport, Ind.	21,338	15					1			
Long Beach, Cal.	29,163	10								
Long Branch, N. J.	15,733	2								
Lorain, Ohio.	38,266	13	1		26		6			1
Los Angeles, Calif.	535,485	160	19		13		13	2	73	22
Louisville, Ky.	240,808	125	8		11	1	14		15	10
Lowell, Mass.	114,366	37	16		7		4		6	7
Lynn, Mass.	104,534	27	6		19		7		2	4
McKeesport, Pa.	48,299				4		1		1	
Macon, Ga.	46,099	17			4		1		1	2
Madison, Wis.	31,315	7	1		16		6			
Malden, Mass.	52,243	11	1		2		3		1	
Manchester, Conn.	15,859	1								
Manchester, N. H.	79,607	22					5		10	2
Manitowoc, Wis.	13,931	7					4			
Marinette, Wis.	14,610	3			7		2	1		
Marion, Ind.	19,923	6			1		12		2	
Marion, Ohio.	21,129		1							
Marlboro, Mass.	15,285	2			1					
Marquette, Mich.	12,555	7								
Marshalltown, Iowa.	14,519		1				1			
Martinsburg, W. Va.	12,984				5		5			
Mason City, Iowa.	14,938	4								

¹ Population Apr. 15, 1910.

April 18, 1919.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Contd.

City Reports for Week Ended Mar. 29, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Meadville, Pa.	13,968				1		1			
Medford, Mass.	26,681	8	2		2				2	1
Melrose, Mass.	17,724	8	1				5		1	
Memphis, Tenn.	151,877	82	3		50				16	6
Meriden, Conn.	29,431		1		1		3		3	
Methuen, Mass.	14,320	4					2			
Middletown, N. Y.	15,890								3	
Middletown, Ohio	16,384	6					1			
Milford, Mass.	14,280	3								
Milwaukee, Wis.	445,608	134	8	3	4		28		15	14
Minneapolis, Minn.	373,448	112	19	5	9		23		20	11
Missoula, Mont.	19,075	7			1		2			
Mobile, Ala.	59,291	17	1		8					4
Moline, Ill.	27,976	2							1	
Moneses, Pa.	23,070		2				1		1	
Montclair, N. J.	27,087		1				1		1	2
Montgomery, Ala.	44,039	11					2		1	1
Morgantown, W. Va.	14,444	1								
Morrisstown, N. J.	13,410	7								
Mount Vernon, N. Y.	37,991	8	2		1		2		1	1
Muskogee, Okla.	47,173		1							
Nanticoke, Pa.	23,811				3		1			
Nashua, N. H.	27,541	10			1		9			
Nashville, Tenn.	118,136	53	1		20				2	4
Newark, N. J.	418,789	162	37	3	8		24		49	23
Newark, Ohio	30,317	4	1							
New Bedford, Mass.	121,622	32	2		1					
New Britain, Conn.	55,385	21	7		40					
New Brunswick, N. J.	25,855		1				1		1	
Newburgh, N. Y.	29,893	13							1	
Newburyport, Mass.	15,291	7	1		1					
New Haven, Conn.	152,275	35	9		15		4		9	2
New London, Conn.	21,199	8	3				1		2	
New Orleans, La.	377,010	108	4	1	3		1		49	17
Newport, Ky.	32,133	7							2	
Newport, R. I.	30,585	4					1		3	
Newton, Mass.	44,345	13	1	1					4	1
New York, N. Y.	5,737,492	1,751	384	31	76	6	189	5	222	177
Niagara Falls, N. Y.	38,466	13	2						2	
Norfolk, Va.	91,148		1		9				2	4
Norristown, Pa.	31,969				39		4			
North Adams, Mass.	122,019	4								
Northampton, Mass.	20,006	12					2			
North Braddock, Pa.	15,684		2							
North Tonawanda, N. Y.	14,060	5			25		1		1	
Norwalk, Conn.	27,332	7	1						1	
Norwich, Conn.	21,923								3	
Oakland, Calif.	206,405	50	2	1			4		4	7
Oak Park, Ill.	27,816	9	2		17		2		1	
Ogdensburg, N. Y.	16,845	7								
Odgen, Utah.	32,343	6	4							
Olean, N. Y.	16,927	6								
Omaha, Nebr.	177,777	43	4		7		3			2
Orange, Conn.	14,393	4			4					
Orange, N. J.	33,636	14	2							1
Ossining, N. Y.	14,064	11	3							
Palestine, Tex.	12,075	2	1							
Parkersburg, W. Va.	21,059	6								
Pasadena, Calif.	49,620		1							2
Passaic, N. J.	74,478	22	4						6	2
Paterson, N. J.	140,512	4	9				3			
Pawtucket, R. I.	60,666	30	1				1			4
Peekskill, N. Y.	19,034	1								
Pekin, Ill.	10,973		1							
Peoria, Ill.	72,184	27	3	1	2					4
Perth Amboy, N. J.	42,646	13							2	1
Philadelphia, Pa.	1,735,514	583	95	11	46		78	2	110	65
Phillipsburg, N. J.	15,879	4			1	1				
Phoenixville, Pa.	11,871				8					
Piqua, Ohio.	14,275	23	1						2	
Pittsburgh, Pa.	586,196		14		4		8		28	
Pittsfield, Mass.	39,678	10					1		28	
Plainfield, N. J.	24,330	16			2		1		1	11

¹ Population Apr. 15, 1910.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Contd.

City Reports for Week Ended Mar. 29, 1919—Continued.

City.	Popula- tion as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Plattsburgh, N. Y.	13,111	4								
Plymouth, Mass.	14,001	3								
Plymouth, Pa.	19,439		1		18					
Pomona, Calif.	13,624	6								
Pontiac, Mich.	18,606	11	5						2	2
Port Chester, N. Y.	16,727	8					3			
Portland, Me.	64,720	21					7			1
Portland, Oreg.	308,399	71	1		4		10		11	2
Portsmouth, Va.	40,693		1		5		1		3	2
Pottsville, Pa.	22,717		4		6					
Providence, R. I.	259,895	74	13				11	2		3
Pueblo, Colo.	56,084				1		2			
Quincy, Mass.	39,022	8	1				3			
Racine, Wis.	47,465	11								1
Rahway, N. J.	10,361	1								
Raleigh, N. C.	20,274	11			2				1	2
Reading, Pa.	111,607		7		95				4	
Redlands, Calif.	14,573		1							
Redwing, Minn.	10,158						2			
Richmond, Va.	158,702	54	2		33		3		8	8
Riverside, Cal.	20,496	3					1		1	
Rochester, N. Y.	264,714	76	11		3		12		13	5
Rockford, Ill.	56,739	20	1		53		2			
Rock Island, Ill.	29,452	8								
Rocky Mount, N. C.	12,673	7								
Rome, N. Y.	24,259				1					
Rutland, Vt.	15,038	5	1							
Sacramento, Calif.	68,984						2		5	
Saginaw, Mich.	56,469	18	2				3		17	3
St. Cloud, Minn.	12,013						2			
St. Joseph, Mo.	86,498	39	3	2			5		1	5
St. Louis, Mo.	768,630	252	41	1	50		25	1	37	11
St. Paul, Minn.	252,465	76	17	2	36	1	21	2	19	4
Salem, Mass.	49,346	23	1				15		1	1
Salt Lake City, Utah.	121,623	30	3		1		2			1
San Bernardino, Calif.	17,616	5								
San Diego, Calif.	50,412	27	1				2		4	1
Sandusky, Ohio.	20,226	4							1	
Sanford, Me.	11,217	5								
San Francisco, Calif.	471,623	142	18	3	5		9		35	15
Santa Cruz, Calif.	15,150	2								1
Saratoga Springs, N. Y.	13,839	5								
Saugus, Mass.	10,210	2	5	1			5		1	
Sault Ste. Marie, Mich.	14,139	5								
Schenectady, N. Y.	103,774	23								
Scranton, Pa.	149,541		3				3		4	
Sharon, Pa.	19,156		1				1			
Shenandoah, Pa.	29,753		3		3		1		3	
Sioux City, Iowa.	58,588		1				2			
Somerville, Mass.	88,618	22	9		2		6		3	1
South Bend, Ind.	70,967	21			49	1				
Southbridge, Mass.	14,465	4	1						1	
Spartanburg, S. C.	21,985	6			4					
Springfield, Ill.	62,623	22	1							
Springfield, Mass.	108,668	45	8	3			4	1	3	3
Springfield, Mo.	41,169	11								
Springfield, Ohio.	52,296	17					17		1	1
Steelton, Pa.	15,759				3				3	
Steubenville, Ohio.	28,259	14							1	
Stockton, Calif.	30,209	14	2	1						3
Streator, Ill.	14,313	6								
Superior, Wis.	47,167	13								1
Syracuse, N. Y.	158,559	40	6		1		5	1	3	4
Taunton, Mass.	36,610	16			1		7	1		1
Terre Haute, Ind.	67,361	23			1		2		3	2
Tiffin, Ohio.	12,962	6								
Toledo, Ohio.	202,010	101	5		8		15	2	12	9
Topeka, Kans.	49,538	20	1				3			
Trenton, N. J.	113,974	38	4		12	1			5	
Troy, N. Y.	78,094	41	6		8		4		2	3
Tuscaloosa, Ala.	10,824		2		2				2	
Vallejo, Calif.	13,803	1	1							
Waltham, Mass.	31,011	7	4	1			5		3	1
Warren, Pa.	15,083						1		1	

April 18, 1919.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Contd.

City Reports for Week Ended Mar. 29, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Washington, D. C.	369,282	.....	50	2	4	.....	23	.....	21	13
Washington, Pa.	22,076	.....							2	.....
Waterbury, Conn.	89,201	4	8	2	3	1	7	1	2	.....
Watertown, Mass.	15,188	6			1				1	.....
Watertown, N. Y.	39,404	5								1
Wausau, Wis.	19,666	9			1				1	.....
West Chester, Pa.	13,403						10			
Westfield, Mass.	18,769	8	1		1		7			1
West Hoboken, N. J.	44,386	4					1			1
West New York, N. J.	19,613	5	2							.....
Weymouth, Mass.	14,041	4								
Wheeling, W. Va.	43,657	19			1					
White Plains, N. Y.	23,331	4					3			
Wichita, Kans.	73,597	28								1
Wilkes-Barre, Pa.	78,334	.....	3		37		1		6	.....
Wilkinsburg, Pa.	23,899	.....					2			
Williamsport, Pa.	34,123	.....	5				1			
Wilmington, Del.	95,369	29				1	1			4
Wilmington, N. C.	39,400	8			1		2		2	.....
Winchester, Mass.	10,812	3					1			
Winona, Minn.	18,583	7								1
Winston-Salem, N. C.	33,136	12			29	1			5	2
Winthrop, Mass.	13,105						2			
Woburn, Mass.	16,076	6								1
Worcester, Mass.	166,106	67	5		42	1	6		4	7
Yonkers, N. Y.	103,066	18	4		1		2			1
Youngstown, Ohio.	112,282	49	3		67	1	4			
Zanesville, Ohio.	31,320	12			13					

¹ Population Apr. 15, 1910.

FOREIGN.

CHINA.

Recurrence of Influenza—Hankow.

Recurrence of influenza, occurring chiefly among children and a few foreign adults, was reported at Hankow, China, February 26, 1919. The type of the disease was stated to be mild with no pneumonia.

Influenza—Wuchang.

Influenza was reported, February 26, 1919, to be very prevalent in Chinese military camps at Wuchang.

CUBA.

Communicable Diseases—Habana.

Communicable diseases have been notified at Habana, as follows:

Disease.	Mar. 11-20, 1919.		Remaining under treatment Mar. 20, 1919.
	New cases.	Deaths.	
Broncho-pneumonia.....	8	.....	¹ 16
Diphtheria.....	2	.....	3
Grippe.....	88	5	¹ 69
Leprosy.....	.....	.....	17
Malaria.....	3	.....	¹ 15
Scarlet fever.....	1	.....	2
Typhoid fever.....	21	1	¹ 48
Varicella.....	1	.....	2

¹ Exclusive of those remaining in hospitals.

² From the interior, 12.

³ From the interior, 22.

RUSSIA.

Influenza—Archangel Government—December, 1918.¹

During the period from December 2 to 15, 1918, 2,240 new cases of influenza were notified in the Archangel government, Russia, the cases occurring in the Archangel district and in two adjoining districts. During the period from December 16 to 31, 1918, influenza was reported present in Archangel district and vicinity, but no new cases were notified.

¹ Public Health Reports, Feb. 28, 1919, p. 421.

SERBIA.**Typhus Fever.**

Typhus fever was reported April 5, 1919, to be spreading in Serbia.

UKRAINE.**Typhus Fever.**

Typhus fever was reported, April 5, 1919, to be spreading in the Ukraine.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER.**Reports Received During Week Ended Apr. 18, 1919.¹****CHOLERA.**

Place.	Date.	Cases.	Deaths.	Remarks.
India:				
Bombay.....	Feb. 2-15.....	2,493	2,135	
Indo-China:				
Cochin-China—				
Saigon.....	Feb. 17-23.....	26	18	
Java:				
East Java.....				
Surabaya.....	Jan. 15-28.....	117	71	Jan. 15-28, 1919: Cases, 210; deaths, 124.
Philippine Islands:				
Provinces.....				
Iloilo.....	Feb. 23-Mar. 1.....	22	13	Feb. 23-Mar. 1, 1919: Cases, 85; deaths, 52.
Laguna.....	do.....	19	13	
Misamis.....	do.....	24	10	
Occidental Negros.....	do.....	1	1	
Pampanga.....	do.....	2	3	
Pangasinan.....	do.....	17	12	
Poland:				
Plock district.....	Oct. 2-Nov. 27.....	5	.....
Warsaw.....	Oct. 6-26.....	3	1	
Russia:				
Petrograd.....	Oct. 1.....	279	.....	In municipal hospitals.

PLAGUE.

India:				
Bombay.....	Feb. 2-8.....	1	1	Feb. 2-15, 1919: Cases, 6,079; deaths, 5,471.
Karachi.....	Feb. 16-22.....	1	1	
Rangoon.....	Feb. 9-15.....	18	16	
Indo-China:				
Cochin-China—				
Saigon.....	Feb. 17-23.....	1	1	
Siam:				
Bangkok.....	Jan. 19-25.....	1	.....

SMALLPOX.

China:				
Amoy.....	Feb. 18-24.....	.....		Present.
Antung.....	Feb. 24-Mar. 2.....	1	.....	Do.
Chunking.....	Feb. 9-15.....	.....		Do.
Hongkong.....	Feb. 16-22.....	4	.....	Do.
Nanking.....	Feb. 23-Mar. 1.....	.....	
Tsingtao.....	Mar. 3-9.....	1	.....
Canada:				
Nova Scotia—				
Halifax.....	Mar. 20-29.....	20	.....
Sydney.....	Mar. 23-29.....	7	.....
Ontario—				
Toronto.....	Mar. 16-22.....	1	.....

¹ From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—
 Continued.

Reports Received During Week Ended Apr. 18, 1919—Continued.
SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Germany:				Nov. 24-Dec. 7, 1918: Cases, 34;
Dresden	Nov. 24-Dec. 7	18		
Halle	do	4		
Friedland	do	1		
Konitsberg	do	8		
Schkeuditz	do	1		
Tilsit	do	1		
Torgau	do	1		
Great Britain:				In persons evacuated from the Ukraine.
Liverpool	Mar. 2-15	2		
London	Mar. 9-15	5	1	
India:				
Bombay	Feb. 2-15	51	18	
Kara-ahi	Feb. 9-22	21	8	
Rangoon	Feb. 9-15	81	30	
Indo-China:				
Saigon	Feb. 17-23	28	6	
Japan:				
Kobe	Mar. 2-15	138	40	
Java:				
East Java				Jan. 15-21, 1919: Cases, 2; deaths, 2.
Surabaya	Jan. 15-21	2	2	
Lithuania:				Sept. 1-Oct. 16, 1918: Cases, 44.
Manchuria:				
Dairen	Feb. 22-Mar. 7	2	2	
Newfoundland:				
St. Johns	Mar. 22-28	5		
Brigus Junction	do	2		
St. Georges	do	6		Other outports, 9 cases.
Philippine Islands:				
Manila	Feb. 16-Mar. 1	5	2	Varioloid, 2.
Siberia:				
Vladivostok	Feb. 1-28	9	1	
Spain:				
Barcelona	Feb. 19-Mar. 11	2		
Malbo	Feb. 2-20	5		
Valencia	Feb. 16-22	44	6	
Straits Settlements:				
Singapore	Feb. 2-22	3		

TYPHUS FEVER.

Austria-Hungary:				
Hungary:				
Budapest	Sept. 9-Nov. 3	39	2	Sept. 9-Nov. 3, 1918: Cases, 94;
Pressburg	do	11	1	deaths, 8.
Brazil:				
Rio de Janeiro	Jan. 26-Feb. 15	3		
China:				
Antung	Feb. 24-Mar. 2	1		
Egypt:				
Alexandria	Feb. 26-Mar. 2	50	10	Oct. 20-Nov. 7, 1918: Cases, 12; deaths, 1.
Germany:				
Dresden	Oct. 20-Nov. 7	1		
Greifswald	do	1		
Godullahtte	do	1		
Cumblinen district	do	1		
Kongishutte	do	1	1	
Magdeburg	do	2		
Oppeln district	do	5		
Great Britain:				
Cork	Feb. 2-22	4		
Glasgow	Mar. 9-15	1		
Japan:				
Nagasaki	Feb. 24-Mar. 16	11		Sept. 1-Oct. 26, 1918: Cases, 539; deaths, 26.
Lithuania:				
Mexico:				
Aguascalientes	Mar. 24-30		1	
Netherlands:				
Rotterdam	Feb. 16-Mar. 1	190	47	Sept. 29-Oct. 26, 1918: Cases, 572; deaths, 50.
Poland:				
Lodz	Sept. 29-Oct. 26	55	8	
Warsaw	do	111	13	

April 18, 1919.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.
Reports Received During Week Ended Apr. 18, 1919—Continued.
TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Russia:				
Archangel.....	Jan. 15-Feb. 1.....	35	10	
Serbia.....				Apr. 5, 1919: Reported to be spreading.
Siberia:				
Vladivostok.....	Feb. 1-28.....	67	8	
Ukraine.....				Apr. 5, 1919: Reported to be spreading.

Reports Received from Dec. 28, 1918, to Apr. 11, 1919.
CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
Ceylon:				
Colombo.....	Nov. 17-30.....	4	5	
Germany:				
Berlin.....	To Oct. 5.....	17	11	
Bremen.....	Oct. 13-19.....	1		On a barge.
Marienwerder.....				1 case in October, 1918, on a barge in canal.
India:				
Bombay.....	Aug. 18-Dec. 28.....	1,351	1,031	
Do.....	Dec. 29-Feb. 1.....	6,971	6,229	
Calcutta.....	Sept. 20-Dec. 21.....		241	Report for Nov. 23, 1918, missing.
Do.....	Dec. 29-Feb. 8.....		720	
Karachi.....	Jan. 26-Feb. 8.....	2	2	
Madras.....	Oct. 5-Dec. 28.....	264	164	
Do.....	Jan. 5-Feb. 15.....	400	282	Oct. 27-Nov. 2, 1918: Cases, 9; deaths, 4.
Rangoon.....	Oct. 5-Dec. 21.....	35	33	
Do.....	Dec. 29-Feb. 8.....	14	11	
Indo-China.....				July 1-Aug. 31, 1918: Cases, 670; deaths, 412.
Anam.....	July 1-Aug. 31.....	37	30	
Cambodia.....	do.....	322	169	
Cochin-China.....	do.....	357	279	
Saigon.....	Oct. 7-Dec. 22.....	75	45	
Do.....	Dec. 3-Feb. 2.....	180	114	
Kwang-Chow-Wan.....	July 1-31.....	50	34	
Tonkin.....	July 1-Aug. 31.....	4		
Java:				
East Java:				Oct. 7-Dec. 31, 1918: Cases, 381; deaths, 323. Jan. 1-14, 1919: Cases, 81; deaths, 52.
Surabaya district.....	Oct. 7-Dec. 31.....	655	423	
Do.....	Jan. 1-14.....	16	13	
Mid-Java.....				Sept. 25-Dec. 18, 1919: Cases, 3,282; deaths, 2,014.
Samarang.....	Sept. 26-Oct. 16.....	120	111	
West Java.....				Oct. 3-Dec. 11, 1918: Cases, 412; deaths, 238. Dec. 27, 1918-Jan. 23, 1919: Cases, 10; deaths, 3.
Batavia.....	Oct. 3-Dec. 11.....	291	148	
Do.....	Dec. 27-Jan. 23.....	8	2	
Cheribon.....	Jan. 3-9.....	1		
Mesopotamia:				
Bagdad.....	Oct. 11-18.....	8		
Philippine Islands:				
Manila.....	Sept. 22-Dec. 28.....	181	121	
Do.....	Dec. 29-Feb. 8.....	19	9	Nov. 2-9, 1918: Cases, 511; deaths, 417. Nov. 17-Dec. 28, 1918: Cases, 1,203; deaths, 858. Dec. 29, 1918-Feb. 15, 1919: Cases, 814; deaths, 583.
Provinces.....				
Albay.....	Dec. 15-21.....	1	1	
Bataan.....	Nov. 17-Dec. 28.....	38	32	
Do.....	Jan. 5-Feb. 8.....	3	3	
Batangas.....	Nov. 2-9.....	156	141	
Do.....	Nov. 17-Dec. 28.....	79	65	
Do.....	Dec. 29-Feb. 8.....	21	15	
Bohol.....	Nov. 2-9.....	19	17	
Do.....	Nov. 17-Dec. 21.....	12	5	
Do.....	Jan. 12-Feb. 8.....	48	34	
Bulacan.....	Oct. 27-Nov. 2.....	5	6	
Do.....	Nov. 17-Dec. 28.....	44	30	
Do.....	Dec. 29-Feb. 15.....	36	23	
Capiz.....	Dec. 22-23.....	7	5	
Do.....	Jan. 5-25.....	28	14	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.
Reports Received from Dec. 28, 1918, to Apr. 11, 1919—Continued.
CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Philippine Islands—Continued.				
Provinces—Continued				
Cavite.....	Oct. 27-Nov. 2.....	38	28	
Do.....	Nov. 17-Dec. 21.....	163	75	
Do.....	Dec. 29-Jan. 25.....	17	16	
Cebu.....	Dec. 15-21.....	41	20	
Do.....	Jan. 12-18.....	13	12	
Ilocos Sur.....	Dec. 8-23.....	17	8	
Do.....	Dec. 29-Feb. 15.....	56	38	
Iloilo.....	Oct. 27-Nov. 2.....	9	6	
Do.....	Nov. 17-Dec. 21.....	70	51	
Laguna.....	Oct. 27-Dec. 23.....	18	11	
Do.....	Dec. 29-Feb. 15.....	67	51	
Lanao.....	Jan. 5-11.....	8	4	
Mindoro.....	Nov. 21-30.....	4	5	
Misamis.....	Oct. 27-Nov. 2.....	6	5	
Do.....	Nov. 17-Dec. 28.....	75	48	
Do.....	Jan. 5-15.....	74	45	
Nueva Ecija.....	Jan. 12-25.....	9	6	
Occidental Negros.....	Feb. 2-8.....	6	3	
Oriental Negros.....	Nov. 2-9.....	20	8	
Do.....	Nov. 17-Dec. 7.....	6	6	
Do.....	Jan. 5-Feb. 8.....	35	22	
Pampanga.....	Nov. 24-Dec. 14.....	4	4	
Do.....	Jan. 5-Feb. 1.....	15	12	
Fangasinan.....	Nov. 2-9.....	236	192	
Do.....	Nov. 17-Dec. 23.....	423	313	
Do.....	Dec. 29-Feb. 15.....	134	100	
Rizal.....	Oct. 27-Nov. 2.....	3	1	
Do.....	Nov. 24-30.....	16	5	
Samar.....	Dec. 15-21.....	8	1	
Sorsogon.....	Nov. 17-23.....	8	4	
Do.....	Jan. 19-Feb. 8.....	44	26	
Tayabas.....	Nov. 2-9.....	7	4	
Do.....	Nov. 17-Dec. 23.....	51	25	
Do.....	Dec. 29-Feb. 15.....	69	62	
Union.....	Nov. 2-Dec. 28.....	18	14	
Zamboanga.....	Dec. 8-23.....	27	19	
Do.....	Jan. 5-Feb. 8.....	25	21	
Poland:				
Warsaw.....	Sept. 29-Oct. 5.....	2		
Russia:				
Petrograd.....	To July 16.....	3,383	1,054	In civil and military hospitals.
Do.....	July 17-Sept. 11.....	3,479	1,455	In military hospitals, July 5-Aug. 21, 1918: Cases, 884; deaths, 783.
Ukrania—				
Ekaterinashlav.....	Sept. 1-20.....	7	6	
Odessa.....	do.....	25		Sept. 1-20, 1918: 11 cases on s.s. Helena.

PLAQUE.

Ceylon:	Colombo.....	Oct. 27-Nov. 2.....	1	1	Present.
China:					
Amoy.....	Nov. 24-Dec. 8.....				
Chungking.....	Dec. 1-7.....				
Hongkong.....	Oct. 1-Dec. 28.....	4	4		
Do.....	Jan. 1-31.....	5	4		
Ecuador:					
Duran.....	Feb. 16-28.....	1	1		
Guayaquil.....	July 1-Dec. 31.....	20	7		
Do.....	Jan. 1-Feb. 28.....	43	13		
Taura.....	Dec. 16-31.....	1	1		
Egypt.....					Jan. 1-Nov. 21, 1918: Cases, 357; deaths, 153. Jan. 1-Mar. 6, 1919: Cases, 134; deaths, 110.

April 18, 1919.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—
Continued.

Reports Received from Dec. 28, 1918, to Apr. 11, 1919—Continued.

PLAQUE—Continued.

Place.	Date.	Cases.	Deaths	Remarks.
Egypt—Continued.				
Provinces—				
Assiout.....	Feb. 24-27.....	5	2	1 septicemic.
Girgeh.....	Feb. 22-24.....	4	2	2 pneumonic.
Minieh.....	Feb. 21-27.....	2	2	1 pneumonic.
Suez.....	Jan. 31-Mar. 1.....	3	2	
India.....				Sept. 23-Dec. 28, 1918: Cases, 24,279; deaths, 18,369. Dec. 29, 1918-Feb. 1, 1919: Cases, 10,546; deaths, 7,529.
Bombay.....	Aug. 18-Dec. 28.....	41	29	
Do.....	Jan. 12-Feb. 1.....	5	5	
Calcutta.....	Dec. 22-28.....		1	
Do.....	Jan. 12-Feb. 8.....		3	
Karachi.....	Oct. 19-Dec. 28.....	17	17	
Do.....	Dec. 29-Jan. 25.....	5	5	
Madras.....	Dec. 8-28.....	26	17	
Do.....	Dec. 29-Feb. 15.....	129	58	
Madras Presidency.....	Oct. 13-Dec. 28.....	1,152	774	Oct. 27-Nov. 2, 1918: Cases, 142; deaths, 38.
Do.....	Dec. 29-Feb. 15.....	1,976	1,304	
Rangoon.....	Oct. 5-Dec. 21.....	84	81	
Do.....	Dec. 29-Feb. 8.....	64	61	
Indo-China.....				July 1-Aug. 31, 1918: Cases, 125; deaths, 115.
Anam.....	July 1-Aug. 31.....	37	32	
Cambodia.....	do.....	49		
Cochin-China.....	do.....	57	33	
Saigon.....	Oct. 7-Nov. 24.....	5	1	
Do.....	Jan. 13-Feb. 2.....	3	2	
Kwang-Chow-Wan.....	July 1-31.....	1	1	
Java—				
East Java.....				Oct. 7-Nov. 18, 1918: Cases, 109; deaths, 109. Jan. 1-14, 1919: Cases, 60; deaths, 60.
Surabaya (district).....	Oct. 7-Dec. 31.....	92	92	
Do.....	Jan. 1-14.....	34	34	
Mid-Java.....				Sept. 25-Oct. 16, 1918: Cases, 14; deaths, 14.
Samarang.....	Sept. 25-Oct. 16.....	6	6	
Mesopotamia:				
Bagdad.....	Nov. 16-29.....	5	2	
Siam:				
Bangkok.....	Sept. 21-28.....	4	3	
Do.....	Oct. 5-12.....	2	2	
Venezuela:				
Caracas.....	Dec. 30.....	1		
On vessel:				
S. S Japan.....	Jan. 14.....	1	1	At Suez quarantine station from Bombay.

SMALLPOX.

Algeria:				
Algiers.....	Oct. 1-Dec. 31.....	2	1	
Brazil:				
Rio de Janeiro.....	Dec. 1-28.....	46	19	Oct. 6-12, 1918: Cases, 15; deaths, 10.
Do.....	Dec. 30-Jan. 25.....	25	11	
British East Africa:				
Mombasa.....	Sept. 1-Nov. 30.....	6	1	
Canada:				
New Brunswick—				
Campbellton.....	Dec. 22-28.....	1		
Do.....	Jan. 5-18.....	2		
St. John.....	Nov. 8-14.....	3		
Do.....	Jan. 28-Feb. 22.....	6		
Nova Scotia—				
Bear River.....	Dec. 29-Jan. 4.....			
Bigbee.....	Jan. 10.....			Present.
Digby.....	do.....			Do.
Halifax.....	Dec. 7-28.....	10		Do.
Do.....	Jan. 5-Mar. 15.....	161		
Middleton.....	Dec. 29-Jan. 4.....			
Sydney.....	Jan. 5-Mar. 8.....	4		
Ontario—				
North Bay.....	Jan. 10-25.....	1		
Ottawa.....	Jan. 12-Mar. 22.....	12		
Toronto.....	Feb. 2-15.....	2		
Prince Edward Island—				
Charlotte Town.....	Feb. 27-Mar. 5.....	1		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.
Reports Received from Dec. 28, 1918, to Apr. 11, 1919—Continued.
SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Canada—Continued.				
Quebec—				
Montreal.....	Jan. 24-Dec. 21.....	2	.....
Do.....	Jan. 12-Mar. 8.....	30	.....
Paspébiac.....	do.....	8	.....
Quebec.....	Dec. 15-21.....	1	.....
Do.....	Dec. 29-Mar. 15.....	14	.....
Ceylon:				
Colombo.....	Jan. 12-18.....	1	.....
China:				
Amoy.....	Oct. 13-Dec. 28.....	.....		Present.
Do.....	Jan. 5-Feb. 17.....	.....		Do.
Antung.....	Feb. 10-16.....	1	.....
Canton.....	Nov. 17-23.....	.....		Do.
Do.....	Feb. 9-15.....	.....		Do.
Chungking.....	Nov. 10-Dec. 28.....	.....		Do.
Do.....	Jan. 5-Feb. 8.....	.....		Do.
Foochow.....	Nov. 24-Dec. 28.....	.....		Do.
Do.....	Dec. 29-Feb. 8.....	.....		Do.
Hongkong.....	Dec. 15-21.....	1	1	
Do.....	Feb. 2-8.....	1	.....
Nanking.....	Dec. 1-28.....	.....		Do.
Do.....	Dec. 29-Feb. 22.....	.....		Do.
Shanghai.....	Jan. 20-26.....	1	.....
Chosen (Korea):				
Chemulpo.....	Nov. 1-Dec. 31.....	15	4	
Do.....	Jan. 1-31.....	6	1	
Denmark:				
Copenhagen.....	Nov. 9-Dec. 28.....	12	.....
Do.....	Dec. 29-Jan. 19.....	15	.....
Egypt:				
Alexandria.....	Dec. 17-23.....	1	1	
Do.....	Jan. 22-Feb. 25.....	6	1	
France:				
Bordeaux.....	Feb. 8-13.....	.....	1	
Great Britain:				
Liverpool.....	Jan. 26-Mar. 1.....	5	.....	Of these, 2 from vessels.
Greece:				
Saloniki.....	Feb. 2-15.....	.....	3	
India:				
Bombay.....	Aug. 18-Dec. 28.....	35	8	
Do.....	Dec. 29-Feb. 1.....	80	24	
Calcutta.....	Sept. 29-Dec. 28.....	.....	17	
Do.....	Dec. 29-Feb. 8.....	.....	80	Report for week ended Nov. 23, 1918, missing.
Karachi.....	Sept. 29-Dec. 28.....	13	4	
Do.....	Dec. 29-Feb. 8.....	34	8	
Madras.....	Oct. 5-Dec. 28.....	62	40	
Do.....	Dec. 29-Feb. 18.....	89	40	
Rangoon.....	Oct. 20-Dec. 21.....	32	6	
Do.....	Dec. 29-Feb. 8.....	228	72	
Indo-China:				
Anam.....	July 1-Aug. 31.....	87	51	
Cambodia.....	Aug. 1-31.....	78	40	
Cochin-China.....	July 1-Aug. 31.....	335	87	July 1-31, 1918: Cases, 302; deaths, 104.
Saigon.....	Oct. 7-Dec. 22.....	20	5	
Do.....	Dec. 30-Feb. 2.....	8	3	
Tonkin.....	July 1-Aug. 31.....	11	1	
Italy:				
Genoa.....	Jan. 9-31.....	2	1	
Messina.....	Mar. 2-8.....	1	.....
Palermo.....	Jan. 31-Feb. 20.....	2	.....	Cases reported in several localities in Province.
Japan:				
Kobe.....	Oct. 26-Dec. 28.....	186	46	
Do.....	Dec. 29-Mar. 1.....	384	97	
Taihoku.....	Jan. 15-Feb. 11.....	145	18	Island of Formosa.
Yokohama.....	Jan. 20-26.....	1	.....
Java:				
East Java.....	.....			Oct. 7-Dec. 31, 1918: Cases, 22; deaths, 1. Jan. 1-14, 1919: Cases, 1; deaths, 1.
Surabaya (district).....	Oct. 7-Dec. 31.....	16	.....
Do.....	Jan. 1-7.....	1	.....
Mid-Java.....	.....			Sept. 25-Dec. 18, 1918: Cases, 172; deaths, 3.
West Java.....	Oct. 2-Dec. 11.....	185	151	Oct. 2-Dec. 11, 1918: Cases, 809; deaths, 268. Dec. 27, 1918-Jan. 23, 1919: Cases, 158; deaths, 41.
Batavia.....	Dec. 27-Jan. 23.....	34	23	

April 18, 1919.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from Dec. 28, 1918, to Apr. 11, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Manchuria:				
Dairen.....	Jan. 15-21.....	1		
Mesopotamia:				
Bagdad.....	Oct. 11-Dec. 27.....	308	97	
Do.....	Dec. 28-Jan. 10.....	3		
Mexico:				
Ciudad Juarez.....	Nov. 24-30.....	1		
Mexico City.....	Sept. 22-Dec. 28.....	23		
Do.....	Dec. 29-Mar. 8.....	10		
Vera Cruz.....	Feb. 10-16.....	2		
Newfoundland:				
St. Johns.....	Dec. 6-20.....	4		
Do.....	Dec. 28-Mar. 14.....	21		
Outports—				
Avondale.....	do.....	4		
Blaine Harbor.....	Dec. 14-20.....	2		
Bay of Islands.....	Jan. 11-17.....	6		
Do.....	Feb. 15-21.....	10		
Bay Roberts.....	Dec. 21-27.....	1		
Bonavista.....	Jan. 26-31.....	1		
Brigus Junction.....	Mar. 1-7.....	1		
Bryants Cove.....	Dec. 7-13.....	3		
Burin.....	do.....	4		
Coleys Point.....	Dec. 14-20.....	1		
Curling.....	Jan. 26-31.....	3		
Frenchmans Cove.....	Feb. 1-7.....	1		
Humbermouth.....	Mar. 15-21.....			
Kings Cove.....	Jan. 18-Mar. 14.....	2		Present.
Little Paradise.....	Feb. 9-14.....	1		
McIvers.....	Feb. 1-7.....	15		
Merasheen.....	do.....			
Mercers Cove.....	Feb. 9-14.....	1		Present.
Middle Arm.....	Feb. 1-7.....	40		Bay of Islands.
Mortons Harbor.....	Mar. 8-14.....	1		
Musgrave Harbor.....	Dec. 7-13.....	4		
Do.....	Jan. 11-17.....	6		
Paradise.....	Dec. 7-13.....	60		Feb. 7, 1919: Present.
Petitforte.....	Feb. 15-21.....	1		Placentia Bay.
Saddle Hill.....	do.....	1		
Springdale.....	Feb. 15-Mar. 7.....	7		Harbor Grace.
St. Georges.....	Feb. 1-Mar. 14.....	26		
St. Jacques.....	Jan. 18-24.....	2		
Panama:				
Colom.....	Dec. 15-21.....	1		
Do.....	Dec. 29-Feb. 9.....	8		Aug. 1-31, 1918: Cases, 133, occurring at Colom, Panama, and points in the interior. Jan. 1-25, 1919: Cases, 28.
Philippine Islands:				
Manila.....	Nov. 2-9.....	4	3	
Do.....	Dec. 29-Feb. 15.....	12	2	Varioloid, 11.
Portugal:				
Lisbon.....	Nov. 16-Dec. 28.....	843		
Portuguese East Africa:				
Lourenco Marques.....				July 1-Oct. 31, 1918: 45 fatal cases.
Siberia:				
Vladivostok.....	Nov. 1-3.....	4		
Do.....	Jan. 17-23.....		1	
Spain:				
Barcelona.....	Jan. 9-Feb. 11.....		5	
Bilbao.....	Jan. 1-31.....	1		
Cadiz.....	Oct. 1-Dec. 31.....	18		
Madrid.....	Sept. 1-Oct. 31.....	153		
Do.....	Jan. 1-31.....		58	
Seville.....	Nov. 1-Dec. 31.....	8		
Do.....	Jan. 1-31.....		3	
Valencia.....	Nov. 10-Dec. 21.....	40	9	
Do.....	Dec. 29-Jan. 25.....	93	10	
Straits Settlements:				
Penang.....	Oct. 6-12.....	1		
Sweden:				
Stockholm.....	Feb. 2-8.....		1	
Union of South Africa:				
Cape Town.....	Aug. 1-30.....	1		
Johannesburg.....	Aug. 1-Oct. 31.....	12		Nov. 1-30, 1918: Cases, 4.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.
Reports Received from Dec. 28, 1918, to Apr. 11, 1919—Continued.
TYPHUS FEVER,

Place.	Date.	Cases.	Deaths.	Remarks.
Algeria:				
Algiers.....	Nov. 1-30.....	1		
Austria-Hungary:				
Hungary.....	Sept. 2-8.....	2		
Brazil:				
Ceara.....	Sept. 14-21.....	1		
Rio de Janeiro.....	Dec. 15-22.....	2		
Do.....	Dec. 29-Jan. 25.....	25	3	
São Paulo.....	Jan. 13-19.....	3		
Bulgaria:				
Aeteven.....	Mar. 10.....			Present.
Rustchuk.....	do.....			Do.
China:				
Antung.....	Dec. 2-15.....	2		
Do.....	Jan. 6-12.....		1	
Chosen (Korea):				
Seoul.....	Jan. 1-31.....	2		
Colombia:				
Barranquilla.....	Nov. 8-Dec. 28.....		3	
Do.....	Jan. 6-Mar. 8.....	2	3	
Egypt:				
Alexandria.....	Oct. 14-Dec. 31.....	85	36	
Do.....	Jan. 1-Feb. 25.....	126	40	Confined to one quarter of city and mostly to natives.
Germany:				
Breslau.....	Sept. 29-Oct. 19.....	12	8	
Königsberg.....	do.....	3	1	
Mostelten.....	do.....	7	2	District of Allenstein.
Great Britain:				
Glasgow.....	Dec. 22-28.....	5		
Do.....	Jan. 5-Feb. 8.....	9	1	
Greece:				
Athens.....	Mar. 8.....	2	2	
Saloniki.....	Sept. 29-Dec. 21.....		31	
Do.....	Dec. 29-Feb. 15.....		78	
Italy:				
Bari.....	Feb. 3-9.....	19		In soldiers returning from Black Sea.
Naples.....	do.....	3		
Taranto.....	do.....	2		Do.
Japan:				
Nagasaki.....	Nov. 10-Dec. 29.....	13	4	
Do.....	Dec. 30-Feb. 23.....	19	4	
Java:				
East Java.....	Oct. 7-21.....	4		Oct. 7-21, 1918: Cases, 5.
Surabaya.....				
Mid-Java.....				
West Java.....	Oct. 2-23.....	15	4	Sept. 25-Oct. 16, 1918: Cases, 8. Oct. 2-23: Cases, 81; deaths, 6.
Macedonia:				
Drama.....	Mar. 17.....			Present.
Kavala.....	do.....	300		Estimated.
Mesopotamia:				
Bagdad.....	Oct. 5-Dec. 27.....	2		
Do.....	Dec. 28-Jan. 10.....	3		
Mexico:				
Aguascalientes.....	Feb. 2-23.....		3	
Guadalupe.....	Nov. 1-Dec. 31.....	4	1	
Mexico City.....	Sept. 22-Dec. 28.....	434		
Do.....	Dec. 29-Mar. 8.....	209		
Netherlands:				
Amsterdam.....	Dec. 8-14.....	1		
Do.....	Jan. 12-18.....	4		Present.
Delft.....	Feb. 26.....			Do.
Harlem.....	do.....			Do.
Leiden.....	do.....			
Limburg.....	do.....	5	1	Mining district.
Rotterdam.....	Feb. 2-15.....	194	24	Jan. 30-Feb. 27, 1919: Cases, 483; deaths, 46.
Schiedam.....	Feb. 26.....			Present.
Serbia:				
Belgrade.....	Feb. 5.....	62		Among soldiers and prisoners.
Siberia:				
Vladivostok.....	Sept. 1-Dec. 30.....	43		
Do.....	Jan. 17-30.....	6	1	

April 18, 1919.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from Dec. 28, 1918, to Apr. 11, 1919—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Spain:				
Huelva.....	Oct. 1-31.....		2	
Madrid.....	Dec. 1-31.....		1	
Union of South Africa:				
Port Elizabeth.....	Sept. 14-28.....			Present among natives in several interior towns.

YELLOW FEVER.

Brazil:				
Pernambuco.....	Oct. 1-Nov. 30.....	2	1	
Colombia:				
Cartagena.....	Jan. 20-Feb. 4.....		4	
Ecuador:				
Balbinaojo.....	Nov. 1-30.....	1		
Catarama.....	Feb. 1-15.....	1		
Chobo.....	Jan. 1-15.....	1		
Dauile.....	do.....	1	1	
Durian.....	Nov. 1-Dec. 31.....	3	2	
Do.....	Jan. 16-Feb. 28.....	4	1	
Guayaquil.....	July 1, Dec. 31.....	326	177	
Do.....	Jan. 1-Feb. 28.....	114	59	
Hacienda Vainilla.....	Feb. 16-28.....	1		
Milagro.....	Nov. 1-15.....	1		
Do.....	Feb. 1-15.....	1		
Naranjal.....	Nov. 1-15.....	1	1	
Do.....	Jan. 1-15.....	1	1	
Naranjito.....	Nov. 1-15.....	1	1	
Do.....	Jan. 1-Feb. 28.....	2	2	
Payo (Hacienda).....	Nov. 1-15.....	1		
Punta de Piedra.....	Nov. 1-30.....	1		
Salvador:				
San Salvador.....	Jan. 9.....	1		
On vessel:				
S. S. Jamaica.....	Jan. 30.....	1		At quarantine station, Canal Zone, Panama.